"Doctors' Signs" (Editorial), Canada Med.
& Surg. Jour. Montreal, 1883-84, xii. pp. 330-33.
Dec., 1883, ?

Canada
Medical and Surgical Journal.
Montreal. December, 1883. 1883-84, vol xii, pp 312-314

DOCTOR'S SIGNS

A doctor must have a sign. What shall it be? A door-plate, brass or silvered, painted wood or painted glass, or shall it be a fan-light transparency, or a pestle and mortar with his name on it, or shall it be a solid monumental stone? We recognize three groups - the necessary, the accessory and the superfluous signs, In England, and as a rule here, a door-plate 10X4 inches, brass or silver-plated, is thought sufficient. Occasionally it reaches mammoth dimensions: we know of two 2X2 feet with five inch letters. In the Atlantic cities neat silvered plates are in vogue. In the West it is more common to see the name painted on a wooden or metal slip and placed on the house wall. Narrow glass transparencies in the front window catch the eye frequently in Boston and New York. Beyond the simple door-plate, signs are accessory or superfluous. Some of these are harmless, even necessary, others indicate more or less accurately the professional standing of the possessor. Where a house stands back from the street, an accessory sign may be needed - placed on the gate, or on an upright, or on a tree, as is common in Western cities, or on a fan-light above the door, or even on a lantern as in Winnipeg. There is no special objection to any of these, but in large towns they are scarcely needed. Fan-lights are often very loud and vulgar. We heard a significant remark by a well-known American physician when passing a door in this city over which was a large transparency with the name and number Doctors _____1710, (Surgeons) "irregulars, eh"? There is one accessory sign the use of which in this city we would like to see discontinued. We refer to the narrow printed posters pasted upon the side of the house wall. They are commonly used after change of residence; it does not look well, and professional visitors to the city have not been a little scandalized at the practice. Superfluous signs are not often employed by men in

good standing, but young physicians and new comers are tempted to use them. Any special designation on the sign, as oculist, aurist, or gynecologist is, to say the least, bad form and often indicates the quack or irregular. In many of the Associations of the United States the use of such designation in the press or on the door-plate precludes from membership. Special qualifications on the door-plate or sign are unpardonable, such as the following form from a neighbouring city : Dr. _____, M.D., Edinburgh, (Honours) M.R.C.S., Eng., L.A.H., Dublin (!) A pestle and mortar over the door is a frequent sight in the French quarter of this city and is not inappropriate where the doctor dispenses his own medicine. The latest novelty we know of in the way of signs is what may be called the monumental, introduced lately into a Canadian city. A fine block of granite is chosen, such as would be suitable for the base of a tombstone, and the doctor's name cut in large letters on either side. During the lifetime of the doctor, the block is used as a carriage step in front of the pavement.

HAPPY the man whose reputation is such or whose local habitation is so well known that he needs no sign! This is sometimes the case in country places and small towns, not often in cities. We know of one such in a prosperous Canadian city. Grandfather, father and son have been in "the old stand" so long that to the inhabitants of the locality the doctor's house is amongst the things which have always been. The patients' entrance is in a side street and a small porch protects the visitor. The steps are well worn and the native grain is everywhere visible in the wooden surroundings. There is neither bell nor knocker and the door presents interesting, and so far as we know, unique evidences that votaries to this AEsculapian shrine have not been lacking. On the panels at different heights are three well-worn places where the knuckles of successive generations of callers have rapped and rapped and

rapped. The lowest of the three, about three feet from the floor, represents the work of "tiny Tim" and "little Nell", so often the messengers in poorer families. Higher up and of less extent is the second depression where "Bub" and "Sis" have pounded, and highest of all, in the upper panel a wider area, where the firmer fists of the fathers and brothers have, as the years rolled on, worn away the wood to nearly half its thickness. Such a testimony to the esteem and faithfulness of successive generations of patients is worthy of preservation.

Doctors Signs

No.

material for the address

"Sir Thomas Browne" Brit. Med. Jour. Lond. 1905, ii. pp. 993-98. also in An Alabama Student and Other Biographical Essays, Oxford, 1905, 8°

and as "Religio Medici", 1906, Chiswick Press 31 pp. 8°
and in Library, Lond. 1906, vii. pp 1-31.

Sir Thomas Browne

an address delivered at the Physical Society
Guys Hospital. October 12th.

by

William Osler M.D. F.R.S.

Regius Professor of Medicine Oxford

As a boy ~~at school~~ it was my good fortune to come under the influence of ~~one of these~~ a parish priest of the Gilbert White type who followed the seasons of nature not less ardently than those of the church, and whose excursions into ~~natural history~~ science had brought him into close contact with physicians and physicians. Father Johnson, as his friends loved to call him, founder and Warden of the Trinity College School ~~near~~ Toronto illustrated that ancient conjunction of medicine and divinity ~~which~~ More common in the 17th and 18th centuries than in the 19th century and he could well have placed after his name the word ~~found on the title pages of the works of some of the old~~ authors. He was an ~~enthusiastic~~ admirer of the writings of Sir Thomas Browne a particularly of the Religio Medici, ~~of~~ which in 1869 he gave me the copy I here show you. I mention the circumstance to explain from which he used to read to us as an illustration of the beauty of the language or to entertain us with some of the quaint conceits such as The man without a navel (Adam) or that woman was the rib and crooked piece of man. The copy I hold in my hand (J T Fields Edition of 1862) has been my companion ever since, my school days and is the most precious book in my ~~library~~ collection. I mention these circumstances in explanation of the enthusiasm which has enabled me to make ~~the~~ this collection ~~of these works~~ which I show you this evening, knowing full well the compassionate feeling with which the Bibliomaniac is regarded by his saner colleagues.

seem to many" and at last in 1642, seven years after its completion reached the press in a depraved form. At the solicitation of friends he moved in 1637 to Norwich, with which city — as we know he had not but previous affiliation had not yet become that of the East Anglian capital so famous in the annals of medicine. True she had given to the profession but he had only practiced there for a short time and could not have had any special influence on his destinies. Sir Thomas Browne may be said to be the first of the long list of worthies who have in the past two and a half centuries made Norwich famous among the provincial towns of the Kingdom. Here for forty years he loved the quiet uneventful life of a student-practitioner, absorbed like a veritable

1) "Mem Burnet had a letter out of the Low Countries of the charge of doctors degree, which is at Leyden about sixteen pounds, besides feasting the professors; at Angers in France, not above nine pounds, and feasting not necessary neither"
Diary of the Rev. John Ward 1648-1679

I propose to speak first of the man then of ~~his~~ great book ~~work~~ & lastly a few remarks on ~~their~~ its value to us today.

I The Man.

The little Thomas was happy in his entrance upon the stage. He could lift up one hand to heaven, (as he says), that he was born of honest parents, "that modesty, honesty, patience & veracity lay in the same egg and came into the world with" him. Of his father ~~was~~ a London Merchant but little is known. He died when Sir Thomas was a lad. There is at Devonshire House a family picture which shows him to have been a man of fine presence, looking not unworthy of the future philosopher, ~~who~~ a child of three or four years seated on his mothers knee. She married a second time Sir Thomas Dutton, a man of wealth & position who gave his step son every advantage of education & travel. We lack accurate information of the early years – of the school days at Winchester, of his life at ~~Ree~~ Broadgate Hall now Pembroke College, Oxford. & of the influences which induced him to study medicine. ~~The great revival of science at Oxford had hardly begun in 1629 when he took his MA degree. The statement is made – I know not on whose authority, that after graduation he practised in Oxfordshire. He may have picked up a little~~ knowledge ~~medicine from the local practitioners and from the 'physick garden' at that time in charge of . It is not likely that he got much from the Regius Professor of that date, the elder Clayton even later Sydenham reproached flung the cruel reproach at his alma Mater that he would as soon send a man to her to learn shoemaking as practical physic.~~ note I ^ It is stated I know not with what authority that Browne practised in Oxfordshire for a time. After a ~~tour in~~ visit to Ireland with his step-father he took the grand-tour, ~~visiting~~ France Italy & Holland spending two years in study, and taking as it is said his Doctors degree at Leyden. A few years ago I looked in vain, through the registers of that famous University but

7, Norham Gardens,
Oxford

Physicians. Inheriting ~~his~~ fathers tastes, as the letters between them show, ~~all~~ his wide interests in Natural History & Archeology ~~are~~ shown in his well known Travels (the copy of which I here show you, and it may interest some of you to see ~~this~~ copy of the with his autograph. His son, the 'Tommy' of the letters, the delight of his grandfather also became a physician & practised at where under rather unfortunate circumstances he died, in 17 . & with him the male line of Sir Thomas ended. Of the ~~younger~~ son we have in the letters a charming picture – a fine brave sailor lad, ~~also~~ with many of his fathers tastes ~~in literature~~ who served with great distinction in the Dutch wars & in which he met (it is supposed) a sailors death. The eldest daughter

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failed to find his name. He may have had ~~found at~~ cobwebs in his pocket ~~purse~~ at the end of two years travel and the Leyden degree was expensive (1). Good use had been made of these exceptional opportunities and he was able to boast, in humble way it is true that he understood 24 languages.

In 1634 he settled at Shibden Hall, near Halifax ~~and~~ where ~~where he remained years and where~~ before his ~~he had~~ 30th year he ~~had written~~ wrote the book which today keeps his memory green among us. ~~Recently~~ In his travels he had ~~jotted down many memoranda~~ doubtless made ~~culled~~ many observations ~~memo – some from the~~ on men and manners & in his wide reading had culled many useful memoranda. He makes it quite clear – & is anxious to do so – that the book was written ~~before his~~ while he was very young. He says "my life is a miracle of 30 years". "I have not seen one revolution of Saturn" "My pulse hath not beat 30 years" (over). In the quiet Yorkshire valley, in the leisurable hours for his private exercise & satisfaction, the manuscript was completed, and ~~circulated among his friends who were allowed to make transcription and~~ "communicated to one it became common to many" and at last in 1642, seven years after its completion reached the press in a depraved form. At the solicitation of friends he moved in 1637 to Norwich, with which city – so far as we know he had not had previous affiliation. At that date the East Anglian capital had not yet become ~~so~~ famous in the annals of medicine ~~had not at that time reached~~. True she had given John Caius to the profession but he had only practised there for a short time and ~~could~~ does not seem to have had any ~~any~~ special influence on her destinies. Sir Thomas Browne may be said to be the first of the long list of worthies who have in the past two and a half centuries made Norwich famous among the provincial towns of the kingdom. Here for forty five ~~years~~ he lived the quiet uneventful life of a student-practitioner, absorbed like a sensible (over)

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man in his family, his friends, his studies & his patients, & it is a life of singular happiness to contemplate. In 1641 ~~he showed his good sense, as Sir Thomas more would say, by marrying a widow~~ he married Dorothy Mileham, "a lady of such symmetrical proportions to her worthy husband ... that they seemed to come together by a kind of natural magnetism". As a young man he had ~~had trouble with~~ said some hard things of the goddess and ~~had come to~~ ~~had~~ expressed himself very strongly against ~~the usual~~ natures method ~~nature had~~ for the ~~propagating~~ of the race. ~~Like Milton~~ He believed with Milton that the world should have been populated 'without feminine', as in almost identical words they wish that some way less ~~than~~ 'trivial & vulgar' ~~way~~ had been found to generate mankind. Dame Dorothy proved a good wife, a ~~and~~ fruitful branch, bearing him ten children. We have a pleasant picture of her in ~~her~~ letters ~~[illegible]~~ ~~a her distinguished~~ to her boys & to her daughter in law ~~[illegible]~~ in an orthography suggestive of Pitmans ~~of a [illegible] amazing even for that age~~." phonetics ~~[illegible]~~. She seems to have had in full measure ~~deserved the~~ the unaffected piety and the tender affection mentioned on her monument in St Peters. The domestic correspondence

(over) Indeed he seems to have been of Plato's opinion that that the pace of life slackened after this date, and there is a ~~sad~~ note of sadness in his comment that while the radical humour might contain sufficient oil for seventy "in some it gives no light past thirty" and he ~~says~~ adds that those dying at this age should not complain of immaturity.

~~given us~~ (Wilkins Edition of the works) gives ~~a~~ interesting glimpses of the family life, the lights & shadows of cultured English home. The two boys were all that their father could have wished. Edward, the elder had a distinguished career, following his fathers footsteps in the profession & reaching the dignity of the Presidency of the Royal College of

7, Norham Gardens,
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Physicians. Inheriting his father's taste as the letters between them show, his wide interests in natural history & archeology are shown in this well known travels (the copy which I here show you, and it may interest some to see the copy that has his autograph. His son, the 'Tommy' of the letters, the delight of his grandfather also became a physician & practised at where under rather unfortunate circumstances he died in 17 . & with him the male line of Sir Thomas ended. Of the daughters in the letters we have a charming picture - a fine brave sailor lad, with many of his father's tastes who served with great distinction in the Dutch wars & in which he met (it is supposed) a sailors death. The eldest daughter married Henry Fairfax and through their daughter who married the Earl of Buchan there are the only among the Buchan & Erskines the only existing representatives of Sir Thomas.

The waves & storms of the civil war scarcely reached the quiet Norwich home. Of course he was a staunch Royalist and his name occurs among the citizens who in 1643 refused to contribute to a fund for the recapture of the town of New castle

corrupt copy of this book. A curious account
the together two men, types of the intellectual movement of their genera-
tion - both students, both mystics - the one a quiet observer of
nature, an antiquary & a physician, the other a restless spirit
a bold buccaneer, a politician and a philosopher & an amateur
physician. Sir Kenelm Digby, committed to Winchester House
by the Parliament the Earl of Dorset of the Religio
Medici. Though late in the day, had heard of the magnetic motion, as he spoke
was impatient to have the bottle in his hands; so he sent for it
St Pauls church-yard for it. He was ill when the book at
came "This good natur'd creature I could easily persuade
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[illegible]

The book 2 Times. 3 Religio. 4 other works. 1 7

As a book the Religio has had an interesting history. William Crowdhill at leisurable hours & for his private pleasure and satisfaction, it circulated in manuscript among friends" and was by transcription successively corrupted "until it arrived in a most depraved copy at the press". Two surreptitious editions were issued by Andrew Crooke in 1642, both in small octavo with the engraved frontispiece by Marshall, representing a man falling from a rock (the Earth) into the sea of eternity, but caught by a hand issuing from the clouds, under which is the motto à Cælo salus. Johnson suggests that the youthful author may not have been ignorant of Crookes design, but was very willing to let a tentative edition be issued - "a stratagem by which an author panting for fame, and yet afraid of seeming to challenge it, may at once gratify his vanity and preserve the appearance of modesty". There are five MSS of the Religio in existence, only three perfect, and only contemporary, & all presenting minor differences which bear out the author's contention that by transcription the book had become depraved. Had he been party to Crookes an innocent fraud, he would scarcely have allowed Crooke to issue another a year a second improved Edition. And not simply a second impression, as the two differ in the sigs and numbers of the pages, as well as present also minor differences in the text. The suspicious circumstance authorized edition appeared in the following year from the same publisher and with the same frontispiece with the following words at the foot of the plate "A true & full copy of that which was most imperfectly and surreptitiously printed before under the name of Religio Medici". It was issued anonymously, with a preface signed A. B. "To such as have or shall peruse the Observations upon a former corrupt copy of this Booke". A curious incident here links together two men, types of the intellectual movement of their generation - both students, both mystics - the one a quiet observer of nature, an antiquary & a physician, the other a restless spirit a bold buccaneer, a politician and a philosopher & an amateur physician. Sir Kenelm Digby, committed to Winchester House by the Parliament had heard from the Earl of Dorset of the Religio Medici. Though late in the day, "the magnetic motion, as he says was impatient" to have the booke in his hands; so he sent to St Pauls church-yard for it. He was undeceived when the book at came "This good natur'd creature I could easily persuade to be my Bedfellow and to walke with mee as long as I had any edge to entertaine myselfe with the delights I sucked in from so noble a conversation. And truly

for 1642". Johnson says that the [illegible] admiration is that it was written within twenty four hours of which part was spent in procuring Browne's book and part in reading it". Sir Kenelm was a remarkable man but in connection with his statements it may well be remembered the reputation he had among his contemporaries - & talks calling him "The Pliny of our age for lying". However this may be his criticisms of the work are exceedingly interesting, & of a

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I closed not ~~mine~~ my eyes till I had enricht myselfe with ~~8~~ 9
(or at least exactly surveyed) all the treasures that are lapt up
in the folds of those new sheets". Sir Kenelm ~~has made~~ holds the record
for reading in bed: not only did he read the Religio through, but he wrote
'Observations' upon it the same night in the form of a letter to his
friend, which extends to three fourths of the size of the Religio
itself! over He dates it at the end "the 22 (I think I may say the
23 for I am sure it's morning and I think it is day) of Decem-
ber 1642". Johnson says that ~~the poem~~ its principal claim
to admiration is that it was written within twenty four hours
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just. A curious circumstance may be mentioned that Sir
Kenelm in this 'tour de force' ~~jeu d'esprit~~ has floated down the stream
reappearing at intervals attached to Editions of the Religio, while
~~at this~~ his weightier tomes are deep in the ooze at the bottom

always spoken of as a blot on his
character; but a man must be
judged by his times and his
surroundings & while ~~we cannot~~
~~to~~ regretting his ~~utter~~ credulity
we must remember how hard
it was in the ~~16th~~ 16th & 17th centuries
not to believe in witches — how
hard indeed it should be today
for any one who ~~takes~~ believes implicitly the old
testament! ~~[illegible] to do the same!~~ !
and men of the stamp of Reginald
Scott & Johannes Wierus who
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point of view were really anomalies
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("~~Not~~ he returned his judgement just not in the form of a letter but of a book" Johnson)

Elder had a distinguished career, following
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As a scientific man Browne does not take rank with 1 many of his contemporaries. He had a keen power of observation and in the *Pseudodoxia* and in his letters there is abundant evidence that he was an able naturalist. He was the first to observe and describe the peculiar substance known as adipocere and there are in places shrewd flashes such as the suggestion that the virus of ~~madness~~ ~~to~~ rabies may ~~still~~ be mitigated by transmission from one animal to another. We miss in him the clear dry light of science as revealed in the marvellous works of his contemporary Harvey. Busy as a practical physician he was an observer not an experimenter to any extent, though he urges "Join sense unto reason and experiment unto speculation, and so give life unto embryon truths and verities yet in their chaos". He had the highest veneration for Harvey ~~and~~ whose work he recognized as "epoch making" "his piece De Circul. Sang. which discovery I prefer to

2

that of Columbus". He recognized that in the faculty of observation the old Greeks were our masters and that we must return to their methods if progress was to be made. He had a much clearer idea than had Sydenham of the value of anatomy and tells his young friend Power of Halifax to make "*Autopsia* his *fidus Achates*"

P.P.

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That he should have believed in witches, and that he should have given evidence in 1664 which helped to condemn two poor women is always spoken of as a blot on his character; but a man must be judged by his times and his surroundings, & while ~~we cannot~~ ~~to~~ regretting his ~~utter~~ credulity we must remember how hard it was in the 16th & ~~[illegible]~~ 17th centuries not to believe in witches — how hard indeed it should be today between [illegible] for any one who takes the old testament! ~~[illegible] same!~~ ! and men of the stamp of Reginald Scot & Johannes Wierus who looked at the question from our point of view were really anomalies ~~and in spite~~ & their strong presentation of the rational side of the problem ~~in their well known works~~ had really very little influence on their contemporaries

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refer very briefly to his other works. The Pseudo-doxia or Vulgar Errors appeared in 1646 in the small folio with the title. (copy) It is an extraordinary collection of old wives fables & popular beliefs dealt with the standpoint of the science of that day – a protest against general credulity & inexactness of statement, and a plea for greater accuracy in the observation of facts and in the recording of them. ~~In many ways~~ The work reflects Browne ~~his~~ character as a naturalist and a physician better than any of his other works. Like Boyle & Digby & others he could not quite free himself from the shackles of alchemy ~~and~~ a hankering after the philosophers stone. ~~and~~ We miss in him the clear dry light of science such as ~~[illegible]~~ is revealed in the marvellous works of his great contemporary Harvey. ~~for~~ whom

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Page II. note I.

Possibly he got his inspiration from the Regius Professor of Medicine, the elder Clayton, who was ~~also~~ the Master of Broadgate Hall while he was ~~an under-~~

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For Medical Students ~~&~~ For you young men ~~generally~~ the ~~Religio~~ writings of Sir Thomas Browne have a very positive value. ~~It is not only alone~~ The charm of high thoughts clothed in beautiful language may ~~help to~~ win ~~them~~ some of you to a love of good literature. ~~and~~ But beyond this is a still greater advantage. The Religio like the Thoughts of Marcus Aurelius and the of Epictetus is full of counsels of perfection which appeal to the mind of youth, still plastic & unhardened by contact with the world. Carefully studied from such books come a subtle influences which give stability to character and helps to establish ~~an~~ a sane outlook on the complex problems of life. Sealed early of this tribe of authors ~~of these philosophers~~ a young man takes ~~them~~ with him as companions du voyage ~~and he learns to who will prove~~ life-long friends, whose ~~those~~ thoughts become his thoughts and ~~whose~~ ways become his ways. Mastery of self, conscientious devotion to duty, deeper human interests in human beings ~~are~~ — these best of all lessons you ~~must~~ learn ~~now~~ or never, and ~~and it is the chief~~ ~~and these~~ are some of the lessons ~~the~~ you may glean from the life and from the life of Sir Thomas Browne.

as Browne appeared ... & enlarged edition which appeared in 1624. He may have been a friend of Burton's — or he may have formed one of a group ~~of~~ to ~~see~~ watch ~~the great Anatomy~~ Democritus Junior ~~as he~~ leaned over Folly Bridge & laughing at the bargees as they swore at each other.

Elder had
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Page II. note I.

Possibly he got his inspiration from the Regius Professor of Medicine, the elder Clayton, who was also Master of Broadgate Hall while he was an under-graduate, and afterwards of Pembroke College. That he was a distinguished under-graduate is shown in his selection to deliver the oration at the opening of Pembroke College. Possibly between the years 1626, when he took the B.A., and 1629, when he commenced the M.A. he may have been engaged in the study of medicine, but Mr. Charles Williams of Norwich, who is perhaps more familiar than any one living with the history of our author, does not think it likely that he began to study his profession until he went abroad. It would have been possible for him, (Between 1626 and 1629) to have proceeded to the degree in medicine, at least the M.B. He was too early to participate in the revival of science in Oxford, but even after that had occurred Sydenham flung the cruel reproach at his Alma Mater that he would as soon send a man to her to learn shoemaking as practical physic. It was possible, of course, to pick up a little knowledge of medicine from the local practitioners and from physic gardens, together with the lectures of the Regius Professor, who, as far as we know, at any rate had not the awkward failing of his more distinguished son who could not look upon blood without fainting, and who had to hand over his anatomy lectures to a deputy.

"Men and Books"

xvi, "William Beaumont"

Canad. Med. Assoc. Jour., Toronto, 1912. ii. 11 1136-38.

MEN AND BOOKS

by

Sir William Osler.

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From the note-books of this period Dr. Myer quotes a number of cases which show that the young student was already a keen observer. In June 1812 he presented himself for examination before the Medical Society of the State and received a license "as a judicious and safe practitioner in the different avocations of the medical profession". The war with Great Britain had just been declared, and he was gladly received into the Army at Plattsburg on December 22nd, as Surgeon's Mate. His diary of the expedition against Toronto - then Little York - and the canture of the Fort, is full of interest, and here he had his first and very active experience in military surgery. He was on active duty for nearly two years and took part in the battle of Plattsburg in August 1814. Though still retaining his rank, he began practice with another army surgeon in Plattsburg, announcing that they had "commenced business in the line of their profession", in connection with which they had also opened a General Store. His note books of this period show how keen he was to keep records of interesting cases.

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"A Down Survey manuscript of William Petty"

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Judge Baby and Dr. Duncan McCallum I tried hard to be allowed to have a post mortem and secure the stomach for the Surgeon General's Museum at Washington, but the family resisted all requests. Judge Baby got for me the interesting photograph of St. Martin ~~[illegible]~~ in his 81st yearreproduced at p.299 showing the fistulous orifice. Beaumont's observations settled many obscure points in the physiology of digestion, and one misses in Dr. Myer's wowk a critical discussion of the significance of his work, and its relation to recent views. His experiments may be said to have settled finally the chemical nature of the digestive process, and among other important observations may be mentioned the confirmation of the discovery by Prout of the presence of hydrochloric acid in the gastric juice; the recognition that the essential elements of the gastric juice and the mucus secretion were separate; the establishment by direct observation of the profound influence of mental disturbances on the secretion of the gastric juice and on digestion; the fuller and more accurate comparative study of digestion in the stomach with digestion outside the body; the rapid disappearance of water from the stomach through the pylorus; the first comprehensive and full study of the motions of the stomach, the study of the digestibility of different articles of diet, which remains today one of the mostimportant contributions ever made to practical dietetics, and the relation between the amount of food taken and the quantity of gastric juice secreted.

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Lancet. Lond. 1912. ii. pp. 1504-05.

also in Med. Mag. Lond. 1913. xxii. pp. 36-39.

& Proc. Roy. Soc. Med. Lond. 1912-13. vi. Section of Hist. of Med. pp. 2-5.

endorsed in Sir William's hand "Orig of William Petty Paper. Dublin, 1912"

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A DOWN SURVEY MANUSCRIPT OF WILLIAM PETTY

Note by

Sir William Osler Bt.,M.D., F.R.S.

Sir William Petty (born 1623, died 1687), for a short time Professor of Anatomy in the University of Oxford and Vice-Principal of Brasenose College, has outlived the somewhat slender reputation he had in the profession; and yet, in one particular he deserves to be held in remembrance among us for his share in Graunt's "Bills of Mortality of the City of London" 1661, the first work of the kind in English, and for his "Observations on the Dublin Bills of Mortality", 1683. As a political economist his praise is in the schools. In the "Treatise on Taxes and Contributions (1662), the "Discourse on Political Arithmetic" (1691), the "Political Anatomy of Ireland", and in certain minor tracts students find the beginnings of that science in these islands. Before Petty no one had tried accurately to estimate the money value of the individual life to the nation, the importance of the division of labour, and the real nature of wealth. Let me quote one sentence from "Verbum Sapienti" (from the 1691 edition, p.14) :-

> "For Money is but the Fat of the Body-Politick, whereof too much doth as often hinder its Agility, as too little makes it sick. 'Tis true, that as Fat lubricates the motion of the Muscles, feeds in want of Victuals, fills up uneven Cavities, and beautifies the Body; so doth Money in the State quicken its Action, feeds from abroad in time of Dearth at home; evens accounts by reason of its divisibility, and beautifies the whole, altho more particularly the particular persons who have it in plenty"

You will not wonder that the Cambridge University Press reprinted his economic works 1899 (edited by C.H.Hull) when you hear the following extraxt from Lord Edmund Fitzmaurice's "Life.." 1895:-

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Dear remarks is an interesting manuscript relating to this work which chance threw in my way. In 1649 Pettyhad been named Deputy to Dr Clayton, the then Regius Professor of Medicine at Oxford, and in 1651 succeeded him in the Chair of Anatomy.

After he became an active member of the Club or Society, out of which originated the Royal Society. In 1652 he was appointed Physician General to the Forces in Ireland, with which country the remainder of a stormy life was to be associated. A masterful, energetic,

" In the'Treatise on Taxes' , with an eye still fixed in the same direction, he begins by pointing out that the only legitimate public charges of the State are, its defence by land and sea so as to secure peace at home and abroad and honourable vindication from injury by foreign nations; the maintenance of the chief of the State in becoming splendour, and of the administration,in all its branches, in a state of efficiency; 'the pastorage of souls by salaried ministers of religion'; the charge of schools and universities, the endowment of which, in his opinion ought to be a concern of the State, and the distribution of whose emoluments ought not to be 'according to the fond conceits of parents and friends', and of which one of the principal aims should be the discovery of Nature in all its operations; 'the maintenance of orphans, the aged, and the impotent,' for, in his opinion, 'the poor can lay up nothing against the time of their impotency and want of work,when we think it is just tolimit the wages of the poor;' and the improvements of roads, navigable rivers, bridges, harbours, and the means of communication , and the development of mines and collieries."

But Petty has a third claim to remembrance as the author of the famous Down Survey of Ireland - which "stands today, with the accompanying books of distribution, the legal record of the title on which half the land of Ireland is held." (Darcom) The text of my dear remarks is an interesting manuscript relating to this work which chance threw in my way. In 1649 Petty had been named Deputy to Dr Clayton, the then Regius Professor of Medicine at Oxford, and in 1651 succeeded him in the Chair of Anatomy.

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He became an active member of the Club or Society, out of which originated the Royal Society. In 1652 he was appointed Physician General to the Forces in Ireland, with which country the remainder of a stormy life was to be associated. A masterful, energetic, resourceful man, the first thing he did was to reorganize the medical service. Energy in action was, he said, the great requisite of life, and soon an opportunity offered, which called forth all his powers. In 1652 the Irish were conquered - the English won, and, as Petty says, "had amongst other pretences a Gamester's right at least to their Estates". The claimants were (1) the adventurers in England to whom 2,500,000 acres of Irish land were pledged for money advanced to raise an army; (2) the soldiers of the New Model Army of Cromwell and Fairfax, who had really done the fighting; and (3) the Commonwealth, which had reserved the Crown & Church and certain other lands. There were, it is said, 35,000 claimants of land in all. Lots were drawn, and attempts were made at the distribution, but it was found impossible to identify the lot drawn with any particular parcel of land. There was no survey, and matters were soon in a hopeless muddle. The Surveyor-General, also a doctor, was a visionary, unpractical man, who insisted that a survey could not be made in less than thirteen years. Petty, a strong critic of this scheme sharply, undertook to said he could finish the job in 13 months, if given a free hand. Registers and valuation lists existed in places, but no maps; and what Petty agreed undertook was "to survey, admeasure and to map" and his work came to be known as the "Down" survey, because it was surveyed down on a map. The date fixed was February 1st, 1655 and the rate of payment agreed upon was £7.3.4. per 1000 acres of forfeited profitable land, and the Church & Crown Lands at £3 peracre and

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the practical capacity and energy to carry them into execution suggest the 20th century rather than the 17th century.

No one of his writings shows the man in a better light than a little tractate on education "The Advice of W.P. to Samuel Hartlib for the advancement of some particular parts of learning" (London, 1648). Rem 10 on

He suggests the establishment of 'ergastula literaria', literature workshops

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It was a vast undertaking, but Petty had a genius for organizatiin, and was himself a practical surveyor as well as a mathematician and physicist of the first rank. We get a glimpse of the way he went to work from a contemporary account:—

"The said Petty, consideringe the vastnesse of the worke, thought of dividinge both the art of makeinge instruments, as alsoe that of usinge them into many partes, viz,, the one man made ondy measuringe chaines, vizt. a wire maker; another magneticall needles, with theire pins, vizt. a watchmaker; another turned the boxes out of wood, and the heads of the stands on which the instrument playes, vizt., a turnor; another the stands, or leggs, a pipe maker; another all the brasse worke, vizt., a founder; another workman, of a more versatile head and hand, touches the needles, adjusts the sights and cards, and adaptates every peece to each other".

In the meantime scales, protractors and compass cards were prepared by the ablest artists in London, whither also were sent for, to use the old expression, "a magazine of royal paper, mouth-glue, colours, pencils," etc. Field books were prepared, and the ablest man in each Barony and parish were selected as helpers. A staff of 1000 persons was organized with 40 clerks at headquarters and an army of surveyors and under-measurers. By April 1656 the greater part of the special work assigned was finished, and he had surveyed for the army about 3½ millions of acres. Subsequently he undertook the survey of the adventurers' lands, a task which occupied his time until nearly the end of 1658.

As Sir Thomas Larcom, the historian of the survey, remarks:—

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where children may be taught to do something towards their living as well as to read and to write; and he would have all children, though of the highest rank, do "some gentile manufacture in their minority". He also urged the establishment of a college of trades-

"it is difficult to imagine a work more of obscurity and uncertainty than to locate 32 thousand officers, soldiers and followers with adventurers, settlers of every kind and class, having different and uncertain claims, on lands of different and uncertain value, in detached parcels sprinkled over two-thirds of the surface of Ireland" But this is the task Dr. Petty successfully accomplished. The MS. which I ~~have here~~ show dealing with the survey I found bound and was bound at the back of two volumes of Petty's letters, which I bought at the sale of the Phillips MSS. in April 1911. The numerous manuscripts relating to the survey are in the possession of the Lansdowne family, (descendants of Petty) in the British Museum, and in the Public Record Office in Dublin. This manuscript has two points of interest:- ~~It contains~~ a copy in Petty's hand of the contract dated Dublin, 19th May 1655, signed by Charles Fleetwood on behalf of the Council of Officers. This has already been published in Larcom's book. But the greater portion of the MS is occupied with private memoranda concerning the detailed cost of the work of the survey. These, I am informed by Mr. Mills of the Public Record Office, Dublin, "have not been known to Sir Thos. Larcom Hardinge, or Lord Fitzmaurice when writing on Petty's work. They should be of interest to any future writer on Petty's life or his great work."

In reading Petty's life and works, one gets the impression of a man born out of due time. ~~He not only had~~ His ideas, ~~and he had~~ the practical capacity and ~~the~~ energy, ~~to~~ with which he carried them into execution suggest the 20th rather than the 17th century. No one of his writings shows the man in a better light than a little tractate on education "Advice of W.P. to Samuel Hartlib for the advancement of some particular parts of learning" (London, 1648). He suggests the establishment of 'ergastula literaria', literature workshops

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Of special interest is his advocacy of a 'Nosocomium Academicum', or a hospital to cure the infirmities both of physicians and patients. It is the first suggestion I know of a research hospital.

And he lastly urges the formation of a society, which will be "as careful to advance Arts as the Jesuits are to propagate their Religion" which indicates that he had in mind at that time the organization of the Royal Society.

Pepys, in his celebrated Diary, has many notices of Petty, who, he says "in discourse is methinks one of the most rational men that ever I heard speak with a tongue, having all his opinions most distinct and clear,"- a judgement amply confirmed by all those who have studied the writings of this remarkable man

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Wm Petty. papers
Dublin
1912

"The Visceral Lesions of Purpura and Allied Conditions"

Brit. Med. Jour, Lond. 1914. i. pp. 517-25.

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THE VISCERAL LESIONS OF PURPURA AND ALLIED CONDITIONS (1)

by

Sir William Osler, Bt., M.D., F.R.S.
Regius Professor of Medicine Oxford.

INTRODUCTION

In his well-known work on Cutaneous Diseases, 1808, Willan first reported the occurrence of visceral symptoms ~~with cutaneous rashes~~ in a case of purpura of great severity, with vomiting, excruciating abdominal pain, diarrhea and bloody stools. In addition to purpura there were "anasurcous swellings on the thighs and hands", evidently angioneurotic oedema, and on the back of the hands two gangrenous sloughs. It is particularly interesting that Willan should have not ~~took~~ this the polymorphous character of the skin eruption. Olivier (d'Angers) (2) in 1827 gave an ~~excellent~~ Good. account of the abdominal complications of purpura; and Henoch (3) 1874, and Couty (4) 1876, described the cases more fully, and now the combination of purpura with abdominal pains is called after the late distinguished Berlin paediatrist. Since then there have been scores of communications; ~~and~~ I have myself reported long series of cases (5); and Pratt has given a good summary of our present knowledge in Vol. iv of my System of Medicine. The general literature of purpura to 1909 is given in the 1st and 2nd series of the Index Catalogue of the Surgeon General's Library. An Excellent analysis of the recorded cases with abdominal symptoms to 1889 is given by v. Dusch and Hoche in the Henoch Festschrift, Berlin, 1890.

1. A paper read before the Childrens Clinical Club, Nov. 15, 1913.
2. Archives Générales, XV
3. Wiener Med. Presse, 1869, X, and Berlin. klin. Wochenschrift, 1874
4. Gazette Hebdomadaire, 1876
5. New York Med. Journal, Dec. 27th, 1888; American Journal of the Med. Sciences, 1895.ii, British Journal of Dermatology, vol. xii & Jacobi Festschrift, 1900, American Journal of the Med. Sciences, Jan. and May, 1904.

CHARACTER OF THE SKIN LESIONS

From the anatomical standpoint four lesions are met with in these cases under consideration. All are ~~of the~~ exudative ~~type~~ in which the blood elements, ~~corpuscles and serum pass out from the vessels~~, either the red blood corpuscles alone, the serum alone, or both combined pass out of the vessels.

I. PURPURA ~~which is~~ (This is) the most common lesion, is either simple, or ~~much more frequently~~ associated with swelling ~~of the patches~~, purpura urticans, ~~or~~ and with ~~swelling~~ oedema of the hands and feet or about the joints, particularly the knees and elbows. The larger areas may be capped with bullae, ~~of~~ P. bullosa. There are cases in which the vesicular character of the purpura is very striking. A man aged 34 was admitted in his fourth severe attack of purpura, ~~the last twelve years ago~~. The backs of the hands were covered with simple purpura; just below the right elbow was a fresh eruption of blebs looking like herpes, some on hyperemic, some on purpuric bases. Two inches above the left condyle was a patch of pearly vesicles, solid, not on a reddened base; above the joint of the other elbow was a ~~spot~~ raised bulla 2cm. by 7mm., ~~a raised bulla~~ with haemorrhagic contents; ~~a smaller was in the vicinity of another on the outer side of the arm.~~ Over the right second rib were two patches of pemphigoid purpura, one 2 by 3 cm., the other 1½ cm. in length. Practically all varieties of purpura are seen, ~~in these cases~~ reaching to the severest grade of Morbus maculosus Werlhofii

II. Effusion of serum alone forming the ordinary wheals of urticaria or the patches of angio-neurotic oedema are the next in frequency of occurrence. ~~Some of the cases~~ The clinical features may be there may have the features of ordinary urticaria, ~~others~~ or of angio-neurotic oedema.

III. Erythema either diffused and with or without swelling, or localized ~~in patches as~~ in the common form of erythema exudativum multiformi; sometimes patches have the appearance of erythema nodosum. In case 13 (1) of my series a patient had attacks of violent colic for months without skin lesions, and then was admitted with a typical attack

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of erythema multiforme, on hands, forearms, face, ~~and~~ on the legs some of the patches were exactly like E. nodosum.

IV. Necrotic areas . When a localized infiltration of blood and serum is very intense in a patch of considerable size, bullae form and the superficial layers of the skin necrose leaving an open ulcer. This is more frequently seen in the severer types of purpura, with large serous exudation , but it may occur in intense erythema, as in that most typical of all varieties, chillblains.

There are two outstanding clinical features, first, ~~A feature equally characteristic of purpura, angio-neurotic oedema and urticaria is~~ the recurrence of attacks at long or short intervals over period ranging from a few months to many years.

and secondly, ~~Another notable circumstance is that to which Willan called attention, namely,~~ the morphological inconstancy of the skin lesions. (Willan's) In ~~his~~ case purpura, angio-neurotic oedema and necrotic sloughs were present in one attack. Within a few weeks tha patient may run the gamut of a skin atlas, purpura, oedema, exudative erythema, pemphigoid lesions, etc. or in the same individual folowed for many years the skin lesions may differ in the different attacks. ~~The history of several of my~~ Very Many of my reported cases followed for ~~many~~ years have shown these polymorphic characters ~~in the same patient~~.

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in a third angio-neurotic oedema, and in a fourth severe exudative erythema. The history of several of my cases, followed for years, show ~~conclusively~~ these polymorphic characters in one and the same patient. The skin lesions may be always of the same type - urticaria, purpura, or oedema; ~~but~~ on the other hand within six weeks a patient may run the gamut of a skin ~~attack~~ Atlas, (case and a case of reported in).

DR

Even the unusually stable, hereditary form of angio-neurotic oedema may present ~~lapse into~~ erythema, of the worst type. For ~~seven~~ years I had correspondence with a Mrs. W., aged 54, of California, a victim of aggravated angio-neurotic oedema of twenty years standing; ~~and one of these~~ a case ~~that~~ illustrating how terrible ~~a~~ disease ~~it~~ may be. Her mother had the same affection. The attack began after the birth of her second child, when she was 27. Oedema ~~would~~ coming on at any time, ~~and~~ anywhere ~~and~~ accompanied with severe vomiting, often of blood. Tea, coffee or strawberries would bring on an attack within three hours. The face and throat ~~are now~~ were much affected. The attacks usually began with red spots like wheals on the cheeks. The neck ~~may~~ would be obliterated. She came into Hospital, October 4, 1904, in an attack, ~~of~~ with infiltration of the inner side of the left arm and elbow, with black and blue spots, and the right arm ~~was~~ enormously oedematous, with a vivid erythema extending up and down the arm. There was no fever, no enlargement of the spleen, no albumen in the urine. ~~The~~ A specially interesting thing ~~to me~~ was to find ~~out~~ that this patient belonged to the ~~celebrated~~ New Jersey family of hereditary angio-neurotic oedema, which I described in 1888. ~~The mother~~ She was the great-great-granddaughter of the ~~old~~ man, aged 92 (who had been taken as a boy to see the famous Benjamin Rush) and who so kindly worked out for me the family history. It is worth noting that ~~one~~ another member of this family had had her appendix removed for the colic associated with oedema, and two had died of oedema of the glottis

6 ~~1888~~ Amer. Journ. Med Sciences, April, 1888.

Visceral Lesions 5 3

The visceral lesions are of two types. First, mechanical, due to the presence of exudate in the walls of the stomach of intestine, effusion of blood on a mucous surface, or into the substance of an organ; secondly, inflamatory, as nephritis, less often endocarditis, pleurisy, pericarditis, pneumonia or peritonitis.

The cases have a dual etiology, infectious and metabolic. Purpura, with or without erythema, and exudative lesions, may follow gonorrhea, otitis media, parturition, phimosis and local lesions of the skin. The rheumatic poison is believed to be responsible for a large group; and in the case of a child with severe purpura in the third ~~year~~ and again in the fifth year, chorea in the ~~sixth year~~ sixth, without endocarditis, severe urticaria in the same year with ill-health, chills, fever and ~~then~~ well-marked endocarditis, such a view is probably correct. The arthritis too is held to indicate the same cause, but it may have a very different explanation. The bacteriological examination of these cases has not been very satisfactory - no unanimity has been reached as to the organisms. On the other hand, there is a large group in which the lesions are an expression of perverted metabolism, Chronic angio-neurtoic oedema, urticaria and some forms of purpura are possibly anaphylactic phenomena in persons sensitized for certain proteid substances. It is interesting to note that experimental sensitization may be transmitted. Hey-fever, the idiosyncrasies to iodine, quinine, to strawberries and shell fish are all manifestations of this super-sensitiveness. The phenomena of serum sickness reproduce in a graphic way the features of the skin diseases which the French group under Erythema. The local oedemas, the urticaria, the purpura, the arthritis, the vomiting, and the persistance for years of the sensitiveness, ~~remind one of~~ are paralled by the life-long liability to recurrence in some ~~of these~~ cases of angio-neurotic oedema and of purpura.

6

The diverse localization, the variable character of the exudate, now serum alone, now blood, or blood and serum together, are points that await explanation. The actual exudate is conditioned by the epithelial cells of the capillary wall, damaged by a circulating poison, as so well shown in experiments with snake venom. But it may only be some such subtle change in the blood serum as takes place in the peripheral circulation in paroxysmal haemoglobinaemia. In one patient exposure to a temperature near the freezing point at once brought out a crop of urticaria on the face; and Wild(1) reports a severe purpura following exposure to a great heat. ~~It will not be long~~ Before long the anaphylactic key will unlock the mystery of these cases. The malignant purpura of ~~many of~~ the specific fevers, and of the rare primary form may be anaphylactic phenomena. The following observation bears out the idea that the primary action of the noxious agent is on the epithelial wall. In a case of purpura fulminans seen with Dr. Brock at Rome(2) the skin was plum-coloured on the third day. Having abdominal distress at the outset, the man had put a large mustard leaf below the naval, which had reddened, but not blistered an area of skin 6 by 8 inches. Everywhere else but in the area of this region haemorrhage had occurred. The same blood had circulated, but the stimulating influence of the mustard had effected a change in the capillary walls of the area, enabling them to resist an injury to which all others had succombed

~~1.~~ British Medical Journal, 1891, i.
~~2.~~ Lancet 1909, I.

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7

CEREBRAL MANIFESTATIONS

There are two groups of cases, the one with transient attacks of paresis such as occur in Reynaud's Disease, and in arterio-sclerosis; the other in which the paralysis is due to coarse haemorrhage.

9 In Case 15[1] a man, aged 29, had had from the age of twelve recurring attacks of urticaria, angio-neurotic oedema, colic, purpura, haematuria and albuminuria. When 13 he had a sudden attack of hemiplegia which lasted for twenty-four hours, and during the year he had five or six attacks, in which for a few hours or for an entire day he lost the power of the arm or leg, usually on the left side. Some of these occurred in association with outbreaks of oedema.

It is possible that the following case is of the same nature.

1. ~~American Journal of the Medical Sciences~~
9 British Journal of Dermatology vol xii

8 86

Recurring Purpura ~~of~~ for Six ~~Y~~years ~~Duration~~; Hemiplegia in an Attack; Angio-neurotic Oedema of Arms, Hands and ~~F~~feet.

~~Mrs. M. E. Cassedy,~~ aged 69, ~~1025 N. Broadway~~, seen with Dr. Cameron, Oct. 5th, 1903.

The patient was a very healthy woman, of good family history. ~~No haemophilia, no rheumatism, no bleeding when young.~~ She had had five children. ~~Up to six years ago~~ until 2½ years ago she was very strong and well ~~and able to do a great deal.~~ since when ~~For the past six years~~ she had had recurring attacks of purpura ~~of~~ on the legs and feet, rarely ~~any spots~~ on the hands or face. Once she had a few spots on the conjunctvae. ~~During~~ never during this entire period there had never been a ~~time~~ for more than a week or ten days ~~in which~~ has the skin of the legs ~~had~~ not shown haemorrhages. They came out in successive crops and were usually associated with marked swelling of the feet. At first there was no swelling of the joints, but lately the knees and ankles have been painful and swollen in the attacks. She had seen scores of doctors, and as a consequence of the attacks had become progressively ~~more~~ debilitated.

For the past two years she had had on the arms and face remarkable swellings. The hands would swell in a few hours to such an extent that to take off the dress the sleeve ~~would have~~ had to be ripped. Big, knot-like swellings as large as an egg would appear on the forehead, and the elbows and the knees would frequently swell. These swellings were never red, and there was never ~~any~~ purpura with them. They would often coincide with a severe outbreak of purpura on the legs.

Two years ago, during the onset of an unusually severe ~~attack~~ outbreak of ~~the~~ purpura she had ~~a cerebral~~ an attack with slight loss of consciousness, and for two days ~~she~~ could not speak, and there was paresis of the right side, which gradually disappeared, and she got quite well. She had had at intervals bad bronchial attacks, ~~and she had had neuralgic pains in the lower left thoracic region, but she never appeared to have had recurring attacks of colic~~ never colic.

Recurring Purpura of Six Years Duration; Healing in an Abbess; Anglo-Saxon Oedema of Arms, Hands and Feet.

She was a very thin, delicate looking woman, pale and sallow. The pulse was regular, the heart's action fairly strong and regular. There was no swelling of the gums. The legs from the knees down were swollen, both ankles were enlarged and the right little finger. From the hips to the toes the skin was of a very dark color from old faded haemorrhages, and there was an outbreak of fresh purpura in many places very thickly set over the ankles, almost uniform. There was no heart murmur; no enlargement of the spleen or of the liver. The patient was ordered the juice of two lemons in the day and to get into the sunshine as much as possible, to take plenty of food and arsenic, and paregoric for her nocturnal restlessness.

Coarse haemorrhage into the brain is not very common in purpura, but there are a good many cases in the literature, I have gathered 80 of only three 10

~~Purpura Haemorrhagica—Hemiplegia.~~

Purpura haemorrhagica, hemiplegia

Arrindert 10

Feb. 27th, 1902. I saw ~~today~~ with Dr. Wegefarth and Dr. Thyer, Mr. F., aged 21. ~~He was in the following condition.~~ The condition was as follows:— Resting on his left side, apparently sleeping, ~~but~~ he could not be roused to consciousness. Blood was trickling from the left nostril; both ~~nostrils~~ had been ~~recently~~ plugged. He was breathing 24 to the minute, ~~quietly~~. The pulse was 56, rather jerky, ~~there were suggestions in the intervals of hemi-systoles~~. The superficial veins of the hands were very full, ~~and distended~~. The pupils were dilated and inactive. The face was covered with numerous petechiae, ~~many~~ of large size. There were ~~other~~ many bluish subcutaneous haemorrhages, and one or two subconjunctival. The skin of the body generally presented numerous petechiae, and in places quite large blotches of haemorrhage. On the thighs there were ~~distinct~~ large subcutaneous infiltrations. On the back haemorrhages had occurred into the acne spots, many of which were capped with haemorrhagic scabs. There was bleeding from the gums, and there were haemorrhages beneath the submucosa of the lips. In a basin near by there was half a pint of dark bloody fluid, and a large fresh clot ~~which had dripped from~~ was attached to the plug in the nostril. On turning him over the left arm seemed specially limp, and he did not move it; it dropped "dead" and was much more relaxed than on the other side. No difference in the facial muscles. The left leg seemed more relaxed than the other, and the nurse said that he had not moved the limb on that side since morning.

The patient had been a healthy young fellow. There was no history of bleeding in the family. When a child of two, after a fit of passion, he had had an attack of haemorrhage from the stomach. He had had occasional 'nose-bleed', but nothing of any moment. Three weeks ago he had bleeding from the nose, which had been rather troublesome. On Sunday, Feb. 23rd, he had recurrence, and Dr. Wege-

10 (11) see Steffen, Jahrb. f. Kinderheilk. Kunde Bd 37. and the Index Catalogue in the two series has references to a number of cases. ~~about three or eight~~

farth had to plug the nostrils. On Monday and Tuesday it was noticed that he had a few petechial spots about his face and legs. On Tuesday and Wednesday he was up and about, but he had a little bleeding from the gums. On Wednesday the haemorrhages into the skin became more abundant; he had bleeding from the nose and from gums, and in the evening he began to have vomiting of blood, and has vomited four or five times since. He became very much worse today, and has been comatose. The blood coagulation time was not ~~did seem to be~~ specially delayed.

He had subcutaneous injections of gelatin, and the calcium chloride and ergot were used freely. He died at 6 am.m on Feb. 28th.

Purpura.

12

Case IV.

12

Recurring Epistaxis, purpura, hemiplegia, hemorrhage into the brain

In case of Dr. Bresslers ~~[illegible]~~ a man aged 63, ~~who~~ had occasionally ~~suffered from~~ had rheumatism, and for some months before his fatal illness ~~had~~ recurring epistaxis, ~~Then he had several attacks of~~ he then began to have bleeding from the mouth and gums, with purple spots over the body. When seen on June 28th he was pale, the body covered with numerous purpuric spots, the left foot swollen. The examination of the organs was negative. On July 4th at 9 p.m. he had convulsions, limited to the left side. He became deeply comatose and unconscious, the paralysis persisted, and he died on July 5th.

At the autopsy the viscera ~~as a rule~~ looked healthy. On the right side of the brain there was ~~considerable~~ a large sub-dural haemorrhage, covering the whole of the dura and the outer part of the frontal lobe. Immediately behind the fissure of Rolando was a clot as big as a walnut ~~which cutting~~ Extending into the brain ~~there was seen to~~ substance ~~be some haemorrhage into the substance of the cortex~~ He extends.

Purpura.

13 13

Case III.

Recurrences of purpura ~~from~~ since the 7th year. Attacks of ~~abdominal~~ pain with nausea and colic. When 16. admitted with purpura, vomiting, colic, aphasia & right ~~hemi~~ hemiplegia, Ventricular death.

Clara B[illegible]ss, aged 16, ~~2315 Eastern Avenue, Baltimore~~, admitted March 24th, 1904, with paralysis on the right side, aphasia and blotches of haemorrhage in the skin.

~~Her father has been paralyzed for thirteen years, following a blow on the head. Her mother died of cancer. One brother has rheumatism.~~ No history of ~~special~~ haemorrhages in the family.

She was healthy until about her seventh year, when she had scarlet fever, not a severe attack, after which purple spots began to appear periodically, sometimes once a month, sometimes less frequently, scattered over the body, face and arms. The spots ranged in size from a small coin to the palm of the hand. She was treated for this trouble in the out-patient department on March 20th, 1897 and in June, 1897. In both of these attacks there was a history also of nausea and vomiting and abdominal pain. She had also bleeding from the nose.

~~She was admitted to the hospital on July 20th, 1900.~~

On March 24th, 1904 she ~~returned again to the hospital~~ was admitted, giving a history of having had the same recurrences of the skin troub-

Br 14 14

le, and occasionally with attacks of nausea, vomiting and pain. In one of these attacks in February of this year she had pain and swelling in the left ankle joint, but no redness. She has only menstruated once, when she was about twelve years old.

Rest

She looks a strong, robust, strong and well developed girl. The present illness began on March 22nd. She had been in her usual health and had gone out to an evening party with some friends. Returning she became suddenly unable to speak clearly. She herself was aware of this, and said that there was some difficulty in swallowing. She slept restlessly and on the 23rd still had an inability to get the right word; no trouble in walking. On Thursday morning, the 24th, she was not so well, but she walked a considerable distance to the hospital. It was found that she could not speak. She moved her right hand and forearm a little, but she could not raise the arm to the her head. There was no sign of paralysis of the face or of the legs. During the examination in the out-patient department she had a severe convulsion, beginning on the right side of the face and involving the arm and the hand. She had a second convulsion shortly afterwards, after which she became unconscious. There were numerous petechial haemorrhages scattered over the skin, particularly on the chest, along the arms and several large areas on the legs. The gums were not swollen; no bleeding from the mucous membranes. The blood count after admission gave red blood corpuscles 4,500,000, leucocytes 14,800, haemoglobin 20%; blood coagulation time 14 1/2 minutes. Blood pressure 125 mm.

14 1/2

The physical examination of the thorax and abdomen was negative. There was no sign of cardiac disease. The spleen was not enlarged.

I saw the patient at the ward visit with the class on the following morning. She looked bright and intelligent. There was no sign of paralysis of the face. She could not speak, and she took very little interest in her surroundings. The right leg was not paralyzed. I was proceeding to examine her chest when she began to twitch the

Pur 15 13

forefinger of the right hand; then the fingers extended, the arm began to twitch, the head turned to the right, the eyes ~~looked~~ became staring and in a few moments she ~~went into~~ had a general convulsion. She lay in a state of coma all day and had five convulsions. Fresh haemorrhages appeared over the skin of the body and limbs. The condition seemed to justify operation in the hope that it was a cortical clot. Dr. Cushing exposed the left motor area and found the dura very trnse and the brain and sub-pial space of a uniform deep cherry color, but no free clot. For the next three days she seemed better. There were no fresh convulsions and she seemed to understand what was said, and on the 26th she made attempts at talking. She gradually became more comatose and died on the 29th. There was no autopsy. The urine contained a trace of albumin, but no tube casts.

16 16

OCULAR LESIONS

In anaemia and leukaemia, in cachetic states, and in arterio-sclerosis retinal haemorrhage is common, conjunctival less frequent. In the haemorrhagic types of the specific fevers extensive bleeding may take place, and in black small-pox I have seen the corneae sunk in a wall of sub-conjunctival haemorrhage. When in ophthalmic doubt I turn to de Schweinitz, but even in his encyclopaedic Handbook I can find no reference to the complications here described, and the cases indicate how serious may be the lesions in the forms of skin disease under consideration.

In purpura haemorrhagica bleeding may take place into the eye-ball. In the fatal case see with Dr. Wegefart and Dr. Thayer the right eye was completely filled with blood clot.

RECURRING PURPURA FOR YEARS; HAEMORRHAGE FROM THE CONJUNCTIVA

A woman, aged 63, (seen with Dr. F. F. Smith) whose mother and twin sister had both died of purpura, began to have haemorrhages when about 54, passing blood occasionally from the bowels and from the kidneys. Two years later she had severe attacks of epistaxis. In 1902 she had haemorrhage from the right conjunctiva for twelve days, which was only controlled by compresses. When I saw her she had had severe pains in the legs and had had outbreaks of purpura in the course of the superficial nerves.

PURPURA HAEMORRHAGICA, HAEMORRHAGES INTO RIGHT EYE WITH DETACHMENT OF RETINA

In a severe and fatal cases of purpura, Frank A. aged 22, admitted Jan. 1st, 1895, Dr.Randolph reported on Jan.5th, wide spread haemorrhages in the right eye with detachment of the retina on the inner and lower half; many retinal haemorrhages also in the left eye.

There is another group of extraordinary interest in which the eyes are seriously inflamed in connection with the skin lesions of the erythema group. The cases are rare.

Cr. Br 17 17

RECURRING COLIC; ANGIO-NEUROTIC OEDEMA AND ERYTHEMA ON AND OFF FOR FIVE YEARS. FREEDOM FOR A COUPLE OF YEARS; RECURRENCE WITH IRITIS AND RETINAL HAEMORRHAGE; OPHTHALMITIS, REMOVAL OF EYE

On March 30th. 1901 I saw P. M. M. aged 41, a patient of Dr. Billings and Dr. George Fiske of Chicago, who had had a very chequered medical history. During 1890, at intervals, he had severe attacks of colic, and appendicitis was suspected. Previous to this he had had once an eruption on the skin. In 1891 swellings appeared in the fleshy part of the legs, which were sometimes red, sometimes not. They were called Erythema and in one attack the well-known dermatologist, Dr. Hyde, diagnosed Erythema Nodosum. With the attacks he had iritis of great severity. These attacks recurred during the next few years, so that his life was a burdon. He sometimes

(2)

OCULAR LESIONS (cont.) 18 18

had severe pharyngitis. In Sept. '95, ~~with an attack of iritis he had acute orchitis~~ with swellings in the calves and thighs, sometimes red, sometimes not, and ~~the~~ stiff ankles ~~were stiff~~. he had iritis & acute orchitis

At Christmas 1895 he had chor~~i~~oido-retinitis ~~throughout~~. Then for a year or two he was better. The attacks recurred in April 1900. He was operated upon for iritis, and in May 1900 the left eye had to be taken out. He was better until January 1901, though he had slight attacks of the swellings; then the right eye became involved - slight retinal hemorrhages - and he again threatened with iritis. In October and November he was much troubled with the swellings, which would come and go, appearing suddenly and lasting eight or ten hours, recurring during three or four days. - evidently in part hemorrhagic as the skin was often left with a deep brown stain. He had several slight attacks of swellings about the elbows and once on the thumb. A month ago he appeared to have a slight erosion of the cornea. Of the patient's two children, one has had swellings in the right leg and in the thigh, very like those that afflicted the father. There have been no changes in the blood or in the urine. He has tried all possible plans of treatment without receiving any ~~special~~ benefit.

GT

There can be no doubt that this case belongs to the group under consideration. The swellings ~~were those~~, sometimes resembles Erythema nodosum, sometimes angio-neurotic ~~infiltrations~~ edema. How tragic this ~~condition~~ association may be ~~witnessed from~~ is shown by the following case! 39

On 3rd day of febrile attack purpura; iritis, with ocular hemorrhage; blindness

Mary E., aged eight, seen May 21st, with Dr. Jones of Mount Washington. She had been a healthy girl with good family history. She was seen first by the doctor in a slight febrile attack without any local features. On the third day ~~she was worse - had~~ there was an outbreak of purpura all over the body, some spots as large as 8 or 10mm. in diameter and slightly raised. The hands and wrists and ankles were swollen. She became delirious and was very ill. On the third day of the attack hemorrhagic spots appeared on the conjunctivae and there was intense pain in the eyes.

OCULAR LESIONS ~~(cont.)~~ Or 19 19

Dr. Randolph determined the presence of iritis with severe hemorrhage. The condition of the eyes grew rapidly worse and within three days the sight was completely lost. The child remained very ill for seven weeks with recurring attacks of purpura. After the first week the fever was slight, there were no changes in the urine and the child gradually recovered, but with extensive degeneration in both eye-balls - the lenses opaque and adherent to the irides.

In this last case was also one of great severity, ~~but~~ the child has fortunately recovered with some vision.

Had

20

HANOCH'S PURPURA

with acute iritis, capsulitis and blindness.

Purpura: colic; infiltrated areas of skin with necrosis; acute iritis & capsulitis

R - a -

Reginald Allsworth aged 7 was admitted to the Radcliffe Infirmary under Dr. Mallam on May 21st, 1912.

On Friday May 17th he was at school. In the evening he complained of pains in the legs and was much disturbed all night. He was seen by Dr. Venning of Steeple Aston on Saturday, and but throughout that day and on Sunday he became much worse; there were had vomiting and diarrhoea; the temperature rose on Saturday, and in the evening he became delirious. On Sunday his mother first noticed purple patches on the skin, and on Sunday he began to complain of pain in the eyes, but they looked all right on Monday. As he seemed very ill, the temperature was rising and he was sent in to the Infirmary. There were purpuric spots on the arms and legs, and several large ones localized, one on the right shoulder formed by the coalescence of smaller ones. This was over on the right shoulder

On the right shoulder was a raised patch raised with a deep inflammatory base, 4 cm. in length by 2cm in width covered by a haemorrhagic bleb. There were three other patches of this character, one on the right leg and two on the buttocks. The right shoulder was slightly swollen, both elbows tender but the skin not red.

The following is an abstract of Mr. Adams' note on the eyes :-

Corneæ dull and steamy, conjunctivae injected, anterior chambers filled with a cloudy exudate which hides the iris except at the periferee. In the left eye inflammation not so intense but a film of exudate spread over the iris and there was a collection of yellowish material in the lower half of the anterior chamber, but without a straight margin, as in hypopyon. In neither eye is there much ciliary injection. On the 23rd both eyes were better, the corneae brighter, but there were central films of ~~RXXXXXR~~ opacity on the anterior capsuleof the lens, and the cornea of the right eye was still dull.

Pur -2- 21 Hanoch's Purpura.
R.Allsworth.

For the first two days in hospital the temperature ranged between 102.5 and 103. On the 23rd he was given 20 cc. of a antistreptococcic serum. On the 24th the right elbow was more swollen and the left elbow was also stiff. The skin-spots were subsiding, but the larger areas were covered with haemorrhagic blebs. On the 25th he had an attack of abdominal pain. The large patch on the skin of the right shoulder was less swollen, but presented a dirty looking necrotic centre. The blood count was ~~r.b.cs~~ Red-blood corpuscles 3 millions; haemoglobin 50%; leucocytes 13.100. The spleen was not enlarged. On the 25th and 26th the temperature remained about 101°; on the 27th, 28th & 29th it fell, and became normal on June 2nd.

On June 1st - Mrs Adams' eye note was:- Left eye, cornea bright, central opacity on anterior capsule of lens is smaller. Right eye iris still very muddy, pupil irregular, much injection of the cornea and conjunctiva.

The patient's general condition was much better, and from this time on he improved rapidly.

Long before Henoch, Olivier d'Angers gave an excellent account of the abdominal complications of purpura.(1)

43

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22

GASTRO-INTESTINAL SYMPTOMS

To these the most distressing, though not the most dangerous, of the visceral complications, ~~those which have given~~ the name of Henoch's purpura, ~~to a special type. In reality~~ though it is seldom when associated with they occur with any member of the erythema group of skin lesions. ~~or~~ The manifestations may be for years abdominal without skin ~~any cutaneous lesions~~ Eruptions.

Colic is the common symptom and occurred in 25 out of 29 cases analysed in 1904.(2) The attacks may be transient, lasting only a few minutes, but recurring several times during the course of the day; they may be of great severity, causing the patient to writhe in the bed. They occur most frequently at night. The attacks are independent of diet; ~~they may~~ and occur with the skin rash or ~~occur~~ in the intervals of the outbreaks until the rash ~~is~~ fading. In protracted cases the colic may not appear for a couple of months, and then be very severe. The position of the pain in ~~the abdomen~~ is usually central and may radiate to all parts, ~~and~~ very often the child cannot fix upon the spot accurately. I have never met with an instance in which the pain was limited to the right iliac fossa. The abdomen is usually flat, not painful on pressure, ~~and no great~~ without increase in the muscle tension, though it may often be difficult to palpate the child satisfactorily. There may be marked tenderness along the transverse colon.

Vomiting, with or without pain, is perhaps quite as frequent as colic, with which it is very often associated. If the child has eaten recently the food is vomited ~~and~~ with mucous and watery fluid. and if the vomiting is very severe, ~~streaks~~ flakes of blood. ~~There are cases in which~~ It ~~is~~ may be frequent without ~~any~~ pain, and there are remarkable gastric crises such as I described in ~~C~~case I of my first series,(3) in which with the colic and vomiting the patient

(1) ~~Leçons de Medicine XXV. 1827~~
(2) ~~American Journal of Medical Sciences~~, Jan. 1904.
(3) ~~American Journal of Medical Sciences~~, Dec. 1895 Ibid.

22 23

had fever and delirium. In some attacks there were no skin lesions.

SR Vomiting of blood is common enough in ~~the~~ severe types of purpura. It may also occur in connection with colic in milder forms which have no extenxive cutaneous haemorrhages or bleeding from other mucous services.

Diarrhea, which is not nearly so common as vomiting, is of two types; increased frequency of the stools, ~~which are either~~ Either lienteric or watery, ~~from~~ 3 to 6 in the day, with ~~containing~~ blood and mucous, ~~in the melena~~. ~~Associated~~ With ~~the~~ severe purpura, the blood may be in large amount, colouring the entire stool and very little changed, In the ordinary cases with the colic the stools contain mucous streaked with blood. .In connection with the diagnosis like, ~~it is very deceptive without~~ colic, frequency of the stools, & the blood ~~and other characteristics of the colic, and~~ may be highly suggestive of intususception, for which, indeed, ~~when as~~ operation has been performed ~~shown it did not exist~~.

The study of the conditions under which the gastro-intestinal crises occur is of special importance. It may be useful to group them as follows.

Firstly, Cases without skin lesions. On several occasions I have drawn attention to this interesting type. In Case I, a man aged 27, had for six years attacks of colic with diarrhea always associated with raised blotches of erythema, forming large whelts and wheals which turned black. For two years he has had the abdominal pains without any slin lesions. In case 13, the patient was operated upon in November, 1896, for an ovarian tumour, and one week after she had the first attack of abdominal pain, and two subsequently while she was in hospital, in each of which morphia had to be given. For six months the attacks recurred every week or ten days, often of such severity that she had to cry out. It was a dry colic and never accompanied with any skin rash. Then on June 3rd she was admitted to hospital with fever in an outbreak of typical exudative erythema - hands and feet, face and neck. The attack was very severe, but she re-

23a

covered after two relapses. Subsequently she had very little colic; but in 1901, in Russia, she had haemorrhage from the stomach. On Feb. 12. 1902, while leaving the theatre, she had profuse haematemesis, which was repeated during the night. The next morning I saw her in a state of profound anaemia with the most striking cadaveric odour I have ever noted. She died that evening. In case 18,[1] a child, aged 7, had swellings of the knees in the first year; from the second to the seventh, recurring attacks of abdominal pain with vomiting, but no skin rashes; admitted in an attack of pain, with vomiting, with purpura and urticaria, outbreaks of which occurred during her admission. The following is an illustrative case in which the gastro-intestinal attacks were of great severity, occurring at intervals of from a few weeks to two or three months between the first and tenth years, the skin lesions were only occasionally present.

13

[1] British Journal of Dermatology, vol. XII.

Attacks of fever with colic and gastro-intestinal trouble from first to 10th year. Recurring outbreaks of urticaria, purpura & a vesicular rash; good health in the intervals; gradually recovers. 46

Series IV. Visceral Lesions Erythema group. 25 25

Alex. L. C~~[illegible]~~, aged 10, seen May 11th., 1908, with Dr. Moorhead of Bath, ~~home address, Ballyme, Broughty-Ferry, Forfar~~. was a healthy baby, weighed 8 1/2 but did not thrive till weaned. From the first year he has had recurring attacks of gastro-intestinal trouble, beginning usually with slight fever for one day, then abdominal pain of a colicy character sometimes with a shivering fit, so that the bed would shake; not often vomiting, usually some diarrhoea. The fever ~~will~~ persists for two or three days, the pain for four or five. ~~days.~~ The abdomen sometimes becomes swollen. The stools often contain large quantities of mucous and in one of the worst attacks which he had, at five years, there was blood. The urine was never ~~said to be~~ abnormal. He has never had any swelling of the joints. These attacks have recurred at intervals of from a few weeks to two or three months ever since his first year. With many of the attacks he has had remarkable skin rashes, most frequently like ordinary hives occurring on the legs and arms and they come out in successive crops. On several occasions the skin eruption has been ~~very severe~~ purple and the shots persisted. In one attack the diagnosis was made of chicken pox, as the arms and legs and the entire trunk were covered with small spots which became vesiculated. In the intervals between the attacks he is very well. His mother thinks that diet has no special influence.

There is nothing in the family history; There are two other children. ~~girls living, perfectly~~ healthy. He is a ~~healthy looking boy~~ well grown boy with a good colour, and ~~he~~ weighs four and a half stones; the tongue is clean; teeth are good; skin of the face clear; the chest is well formed, good expansion; abdomen natural looking, no distension, everywhere soft, no tenderness; descending colon readily felt; spleen not palpable; pylorus not palpable; no distension anywhere of the colon; liver is not enlarged; right kidney just palpable; upper limit of liver flatness is on the 5th.; apex beat ~~5th.~~ heart in normal situation; ~~superficial cardiac flatness on 4th. left sternal border and just inside the nipple line;~~ no enlargement of organ. heart sounds are clear; ~~second pulmonic snapping;~~ joints not ~~nowhere~~ enlarged, nowhere tender; no fibroid nodules; the skin is everywhere clear, nowhere any trace of old spots; ~~back is clear; knee jerks are normal.~~

~~This is a very remarkable case, resembles somewhat case No. of my list.~~

(14)

The attacks are evidently of great severity, but they are fortunately lessening. He only had two in 1907 and has had no attacks since November. His stay at Bath has improved his general health very much and he looks now in good condition. I heard of this case two years later; the attacks have diminished in frequency and he has ~~improved~~ grown much stronger fat.

It is quite possible that certain cases of children with obscure cramps may belong to this type. In my third paper[1] I have referred to a family, in which the mother, until puberty, had attacks of colic and vomiting. Three children have had hives very badly, and the boy aged 13 had had for nine years at intervals of from a month or two, sometimes for a couple of weeks every day, severe colic, occasionally of extreme severity. There is never pain in skin rash.

Secondly, in association with haemophilia. In this disease, as well known, it is not simply a matter of bleeding from accidental blows or cuts but there are spontaneous haemorrhages, cutaneous, arthritic and visceral. With the latter the symptoms may suggest the acute abdomen. I saw ~~a case~~ a few months ago, on his death bed with Dr. Birch, ~~where the child had been~~ a boy a bleeder from infancy. who had had twice had haemorrhage ~~with~~ into the peritoneum, once producing a condition highly suggestive of acute peritonitis.

1. 14 Amer. Journal of Medical Sciences, Jan. 1904.

In these the most distressing, though not the most dangerous of the visceral complications, the attacks are characterized by colic alone, by colic with vomiting, or with vomiting and diarrhea, with or without haematemesis and melena.

These visceral crises occur in association with a long series of skin lesions - in simple urticaria, in all the varieties of purpura, in certain forms of exudative erythema, in angio-neurotic oedema and in haemophilia. Effusion of serum, or of blood and serum takes place into the wall of the stomach, or of the intestine, in a limited area or in some inches in extent in the bowel wall. It will help to concentrate attention on the special features to arrange these cases in groups.

First, it is not generally recognized that these attacks may occur in haemophilia.

In Larned's[1] case a haemophilic subject on August 24th, 1907, had a curious abdominal attack which was diagnosed Henoch's purpura. There was general abdominal pain and distension. There was no marked muscle spasm in the right ilaic fossa, and no special point of tenderness.

One is doubtful whether this was really a case of haemophilia, according to the more strct definition introduced by Bullock, as the history is somewhat indefinite, and both women and men of the family have bled; yet the patient reported had had frequent epistaxis, there had been difficulty in checking bleeding from slight wounds, and in 1902 he nearly bled to death after an operation for ingrowing toe-nail.

An Oxford patient, evidently claimed to be a bleeder, frequently admitted to the Radcliffe Infirmary, has had on several occasions has had severe attacks of abdominal pain. On September 17th 1905 he noticed pain in the abdomen; on the 18th, 19th and 20th the pain was severe, and he remained in bed. The bowels were loose, and the stools were dark coloured. On the 21st he was

[1] Ibid. American Journal of Medical Sciences, March 1910.

28

stools containing dark blood; he was very sick at the stomach, and the vomitus was blood stained; on the morning of the 23rd the pain was again very severe, requiring a third of a grain of morphia for its relief. There was a large subcutaneous hemorrhage along the inner side of the left leg; there were no other hemorrhages. The colic recurred at intervals in less severe attacks for a week or more, and gradually disappeared. Twice before he has had attacks similar to the present, the last one three years ago, and both associated with blood in the vomitus and in the stools. He has had altogether four or five attacks of this character.

In the family history of this case, the history of which was worked out by Dr. Leckey who could find no trace of any bleeders. The mother's name was and she knew of no cases in her family, in which there is a marked tuberculosis history. There are two sons and two daughters in the family; both the sons, of whom the younger is the patient, have shown a marked tendency to bleed from their birth. The father states that they were never expected to live as they bled profusely from cuts, often from the nose; slight bruises would be followed by enormous hemorrhages beneath the skin; extraction of teeth in both was followed by protracted bleeding. The brother who had had epis-taxis, cutaneous hemarrhages, and bleedings into the joints, accompanied with great pain, became tuberculous, and had profuse haemoptysis, and died at the age of 27.

The patient himself I have seen frequently, and it is difficult to escape the conclusion that both he and his brother were genuine bleeders. He had himself had all varieties of bleeding, cutaneous, spontaneous blotches, bled profusely from accidental cuts, extraction of the teeth; slight blows would be followed by enormous bruises

gave him great relief and he passed several months without an attack.

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Thirdly, with ordinary urticaria. I have ~~had~~ seen a number of cases ~~which~~ illustrating this association ~~and its severity~~. No. 14 of my reported series, a physician, in whose case I was very much interested, had from his twentieth year at intervals of a few months ~~attacks of~~ with nausea, vomiting, abdominal pain, ~~with~~ most extraordinary outbreaks of urticaria. He finally died in an attack which began in the usual way, persisted, and passed into one of ~~severe~~ fatal purpura haemorrhagica ~~proving fatal~~.

~~urticaria, associated with vomiting~~ of an aggravated type, ~~and~~ for an hour or two before the attack ~~came on~~ he had a feeling of uneasiness, sometimes shivering, or even a positive chill; then the wheals ~~would~~ come out over all parts ~~of his skin~~, as a rule several hours before the vomiting came on. In bad attacks the skin rash ~~was~~ is very extensive; the whole body appeared swollen; the hands were puffy, covered with red and oedematous blotches; the lips were swollen and stiff. The vomiting lasts from ten to twenty four hours; nothing ~~would~~ stays on the stomach; there ~~was~~ is never actual pain, but a great deal of distress with the vomiting. He ~~was~~ has never been jaundiced and he had no diarrhea. At first he though that indiscretion in diet brought on the attacks, but ~~everything in the way of~~ regulating his food had been tried without success. In the five years the longest interval between the attacks was three and a half months; he has had one every month for the past six months. He was very large and stout when the attacks came on, and in the five years he lost 70lbs in weight! He now looks a man in excellent health; good colour; with clean tongue; and the most careful examination revealed nothing wrong in any of his systems. His blood coagulation time was normal. ~~and~~ Prolonged treatment with grey powder and calcium lactate gave him great relief and he passed several months without an attack. A very similar case has been reported by Dr J J Pringle. For nearly 14 years a man had recurring attacks of urticaria of great intensity, with many of which there was profuse haematemesis. He heard from Dr Pringle recently that the patient has recovered completely & is now a healthy man of 80 years

For five years recurring attacks of urticaria with much oedema; vomiting, and abdominal distress

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In a third large group may be placed the cases in which the attacks of colic, nausea, vomiting, haematemesis, and melena, occur in association with erythema, urticaria, purpura, or angio-neurotic oedema. The attacks are, perhaps, most frequent with purpura, but they are common enough with angio-neurotic oedema, and cases of great severity may occur with urticaria, as the following:-

I saw on October the 25th, 1901 a man aged 30 who had been a very healthy life, without special digestive disturbance. For five years his life had been a burdon with recurring attacks of urticaria, associated with vomiting of an aggravated type, and for an hour or two before the attack came on he had a feeling of uneasiness, sometimes shivering, or even a positive chill; then the wheals would come over all parts of his skin, as a rule several hours before the vomiting came on. In bad attacks the skin rash was very extensive; the whole body appeared swollen; the hands were puffy, covered with red and oedematous blotches; the lips were swollen and stiff. The vomiting lasts from ten to twenty four hours; nothing would stay on the stomach; there was never actual pain, but a great deal of distress with the vomiting. He was never jaundiced and he had no diarrhea. At first he though that indiscretion in diet brought on the attacks, but everything in the way of regulating his food had been tried without success. In the five years the longest interval between the attacks was three and a half months; he has had one every month for the past six months. He was very large and stout when the attacks came on, and in the five years he lost 70lbs in weight! He now looks a man in excellent health; good colour; with clean tongue; and the most careful examination revealed nothing wrong in any of his systems. His blood coagulation time was normal. and Prolonged treatment with grey powder and calcium lactate gave him great relief and he passed several months without an attack.

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Fourthly, angio-neurotic oedema.

In the ordinary forms in which there is transient oedema of the eye-lid, or of the forehead or of one hand, there is not often colic, but in the severer varieties the gastro-intestinal crises may be a special feature ~~of the trouble~~. I have already referred to it in the family form, in which it is apparently very common. The abdominal attacks may occur alone or with very slig[ht] swelling. The following is a good illustration, occurring also in the familial variety.

Father and Sister the subjects of angio-neurotic oedema. Patient attacks from the fourth year of great severity usually of oedema but sometimes erythema, associated at times with vomiting & pain

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Angio neurotic oedema -- hereditary form.

with gastro intestinal crises.

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April 7th 1910.

Miss F. aged 58, referred to me by Dr. of Exmouth who wished me to study the case, knowing my interest in the subject.

Family History, father died at 86 of strangulated hernia. He had been subject to attacks of swelling all through his life. The daughter had seen him in many of these. Sometimes one arm would swell to double the natural size. Some of the attacks were of great severity, and associated with great pain in the abdomen, and sickness. They did not diminish as he grew older, and he rarely passed a month without an attack. His ~~father and~~ mother was not subject to it. The family consists of one brother and two sis--ters. The brother has never been attacked. The sister now aged 60 began to have attacks at her 29th year. The swellings are chiefly in the hands and feet, and she only occasionally has vomit--ing and diarrhoea with them. She has six children, none of whom have been affected.

The patient, ~~Miss F.~~ began to have attacks at the age of 4; 55 all through her childhood she was greatly troubled, and of late years they have recurred with great ~~rapidity~~ frequency. At one time she would pass six weeks or two months without an attack, then they came on one in a month, then every ten or twelve days, now she rarely passes a week without swelling somewhere. The, ~~swellings~~ come ~~on~~ any part of the body, not so much now on the face now as formerly. She has had attacks which were supposed to be erysipelas, so swollen, ~~and~~ red puffy and oedematous were the eyelids, upon. Now the attacks are generally in the hands or arms, or somewhere on the trunk. She can tell a little while before they come on as she feels very heavy and dull and has attacks of yawning. The swell--ing lasts for from 3 to 6 hours, rarely for 24 or 36. The spots are generally pale looking, occasionally red and shining. She never remembers to have seen red or black spots, nor has she had any hemorrhage from the mucous membrane. As a rule with the swelling there is an uneasy sensation in the abdomen, often amount--ing to actual colic; then she has retchings & vomiting, but never diarrhoea. She has had severe abdominal attacks without the skin swelling

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Fifthly, the largest group ~~of all~~ in which the gastro-intestinal symptoms occur in connection with ~~ordinary~~ simple purpura ~~associated~~ with or with urticaria. ~~The importance of this really~~ To-day ~~is~~ the frequency with which the attacks are mistaken for appendicitis, makes the condition important.
Take for example the following case which I saw preliminary to the surgeon being called in, as the symptoms were so suggestive of the acute abdomen.

~~Visceral Lesions Erythema Group~~ 3 4 34 ~~Series IV.~~ 57

~~H. V.~~ XIX, aged 15, seen with Dr. Wainwright, May 23rd., 1908; ~~healthy family; two sisters died in infancy;~~ he has been always strong and well with the exception of a tendency ~~since he was~~ from the sixth month of age to what his mother calls the "bumps.". On and off at intervals of from a few weeks to six months spots came out over the skin, ~~they are~~ sometimes like ordinary hives ~~and~~ sometimes like flea bites. He has never had a very severe attack. The mother attributes the condition to indiscretions in diet. Lately he has had as a rule two or three attacks a year, most commonly on the arms and legs. They take two or three days to disappear and sometimes come out in crops. Early in May he was at Brighton and he complained of some pains in the legs and wrists. ~~He had no sore throat, but Dr. Tirrell in London, whom he consulted, said it was rheumatic and gave him salicylate.~~ ~~About a week~~ Shortly after ~~on~~ May 12th. the attack came on with ~~"bumps," as the boy calls them, came out.~~ ~~He had~~ slight fever and he had to go to bed. The next day he was covered, arms, ~~and~~ legs, & back of the neck, ~~only a few spots on the trunk. They were~~ with bright red spots, the individual ~~spots~~ ones raised with marked erythema between them. They began to fade and left the skin stained. Every few days there have been recurrences. The last crop came out yesterday. On the 13th. he began to have pain in the abdomen, not localized, not associated with vomiting and not increased by food. During the next few days it became more intense, occurring in paroxysms and on the 19th. he had several very severe attacks and appendicitis was suspected. The abdomen was never distended. It was tender in the flanks below the costal border, not over the appendix. He had no vomiting, no diarrhoea, but the stools were singularly offensive. On the 20th. he passed a small mass-like pulp like orange streaked with blood. The urine was normal, ~~no albumin, no blood~~. On the 12th. and 13th. the temperature was normal, on the 14th. in the evening, 100; since then it has varied between 99 and 101°. Last night it was 101 and 100 this morning. At four o'clock yesterday morning he had a slight chilly feeling.

Examination. Rather a delicate looking boy; tongue lightly furred; a spot like a recent wheal on his left cheek. He does not look very ill and gives a very good account of himself. Skin: Arms and legs covered with fading urticaria and with stains of former patches. On the arms are several fresh spots. The legs to the upper part of the thigh are covered with the same fading stains and there are a few fresh wheals, no purpura, no spots on the trunk. There is no arthritis. Abdomen: Flat, natural looking; respiratory movements a little restricted, but he takes a deep breath without wincing; ~~no irregularities;~~ the appendix region not tender. Nothing abnormal in chest. The boy made a rapid recovery.

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HANOCH'S PURPURA.

(Admission for Appendicitis.)

The following case was admitted to the Surgical ward of the Radcliffe Infirmary.

R. D. Brown aged 20 from Abingdon, Oxon. was admitted to the Radcliffe Infirmary on April 1st 1912, supposed to have suffering with appendicitis or intestinal obstruction. Two weeks before he had had pain in the lower part of the abdomen and had vomited twice. Last week he again had abdominal pain and slight stiffness and swelling of the calf of the right leg. The abdominal pain had increased and he was admitted to the surgical ward. There was no distension of the abdomen, but he had pain, and the motions contained some mucus streaked with blood. Within 24 hours of admission he complained of stiffness in the elbows and was found to have purpura, so that he was transferred to Dr. Collier's ward.

A healthy looking man of good colour, complained of pain in the epigastrium and stiffness of the elbows. There were purpuric spots about the right external malleolus, both elbows and the left shoulder. One of these patches was large and raised with a diameter of about 1cm. The heart and lungs were normal; the spleen could not be felt. the liver was not enlarged The urine was 1010, with a slight cloud of albumin, no blood. R.b.cs were 5,100,000; Haem. 95%, leucocytes 11,200.

On the first day after admission he vomited after each meal and there were streaks of blood. The pain was less, though he had a sharp attack during the night. There was an extension of the purpura both in legs and arms. On the 12th there was a small amount of blood in the stools and he vomited several times. On the 13th & 14th no vomiting; the purpura was fading but on the dorsum of the left foot there was a definite haemorrhagic bleb. On the 15th he had an attack of abdominal pain and vomited once. From this time on he improved rapidly, the albumin disappeared from the urine, and he was discharged well on May 1st.

HANOCH'S PURPURA.

Admission for Appendicitis.

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I have known at least five cases admitted to the surgical wards, and many instances of operation ~~with a diagnosis of~~ for appendicitis and many instances of operation have been reported in the litrature. Sutherland[16] has collected many of these and the more recent ones cases have been collected by Withington[17] and by Seymour Barling[18] and by Seymour Barling[18] The condition found with operation has been local infiltration of the bowel wall with blood or with serum. In the majority of cases the ilium has been involved. In a case reported by Jacobson[19] the appendix itself was involved in haemorrhagic oedema. In a woman aged 37 with fever and pain in the right side operation showed an acutely inflamed haemorrhagic appendix. Following the operation the patient had haemoptysis, epistaxis, and an outbreak of purpura.

Lastly, intususception may complicate abdominal purpura or angio-neurotic oedema. One can ~~readily~~ understand how easily this may follow ~~as a result of~~ local infiltration of the bowel wall. Several cases have been operated upon successively by Tonking[20], Lett[21], and Seymour Barling. In Lett's case death followed the second attack of intususception. Without the characteristic sausage shaped tumour the diagnosis is difficult, as the frequent small stools with blood and mucous, ~~very~~ often indeed large amounts of blood, are not uncommon features in abdominal purpura. As the difficulty in examination may be great, ~~so that~~ in a doubtful case an anaesthetic should ~~always~~ be administered. It is well to remember, however, that a palpable tumour may be caused by a massive erudate into the bowel wall itself, Greig's case[22] by a clot in the lumen of the bowel, as in FitzWilliam's case[23] or by a massive haemorrhage into the mesentery, as reported by Lett. In a case reported by Parkinson[24] operation was performed for suspected intususception. Death occurred on the following day. General peritonitis was found

(16) British Journal of Childrens' Diseases, 1904
(17) Boston Medical and Surgical Journal, 1912
(18) British Medical Journal, 1913. I.
(19) New York Medical Record, Feb. 7th, 1903
(20) Lancet, 1910, II
(21) Lancet, 1910. I.
(22) Scottish Medical & Surgical Journal, 1908
(23) Society for the Study of the diseases of children, Vol. 8
(24) Lancet, 1909.

with haemorrhages in the walls of both large and small intestines. In a case reported by Veerhuff[25] an adult with purpura haemorrhagica and blood in the stools and symptoms of intususception recovered after passing a piece of the bowel. A remarkable case of peritonits is reported by Silberman[26] a child aged 10 had purpura, arthritis, fever, colic, haemorrhage from the stomach and the bowels; in a relapse there were symptoms of the acute abdomen and ~~signs~~ of diffused peritonitis. Post mortem a small perforation was found in the fundus of the stomach.

25 1. Abstract in the British Medical Journal, 1894,I.
26 2. ~~Paediatrische Arbeiten~~, 1890, p. 237.
Henoch's Festschrift

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RENAL COMPLICATIONS.

These are the most serious of the whole group. I have excluded ~~the cases in which~~ the haematuria ~~or~~ when one of the manifestations of purpura haemorrhagica, that is to say, ~~the~~ in cases of wide-spread bleeding into the skin and from the mucous membranes.

In the ordinary angio-neurotic oedema ~~renal features are rare. In severe cases~~ there may be transient albuminuria ~~albumenuria, but not of any moment~~ but nephritis is rare. In my third paper I called attention to the seriousness of ~~the kidney~~ nephritis as a complication of this erythema group. Of the 7 deaths in that series 5 were with uremia. I have now ~~an~~ additional ~~group of~~ cases to record, making a total of All of these cases had albumen with tube casts or blood. All but ~~all, 1~~ one of the cases with nephritis had purpura. No case had angio-neurotic oedema alone. ~~4~~ Four had recurring attacks of polymorphic skin lesions. Thecases fall into three groups.

(1) ~~Cases~~ These which ran an acute course with dropsy, and death in uremia within three months. In Cases ~~1~~ III and ~~5~~ VIII of my published series (1) (27) ~~the course was very like that of~~ resembled ordinary severe nephritis with dropsy. Death occurred in both within 12 weeks of the onset. One was a child of 6, the other a child of 5, in whom nephritis came on in association with recurring purpura. In two other cases, numbers ~~10~~ XIX and ~~26~~ XXVI (8) (28) nephritis was a ~~prominent event at the end~~ terminal of a long series of skin and visceral manifestations; in one case in the seventh, and in the other in the eighth, month of the illness

(2) In a second group ~~of cases~~ the albumen disappears and the patients get perfectly well. There were 10 of such in the series. It may take several months before the albumen disappears. The general health may be excellent, while the urine shows a large amount of albumen and many tube casts.

(27) 1. ~~American Journal of Medical Sciences,~~ 1895

(28) 8. ~~American Journal of Medical Sciences,~~ Jan. 1904 Ibid.,

Reading

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Thirdly, in a fortunately small number of cases the nephritis becomes chronic. In the three reported here for the first time, albumen and casts have persisted for months. The danger of these is the gradual development of a progressive nephritis with the usual secondary cardio-vascular changes. I saw frequently with the late Dr„ Prentice of Washington, a boy„who in his thirteenth year had three typical attacks of Henoch's purpura with acute nephritis. In the following year he had several terribly severe outbreaks, in one of which large haemorrhages into the skin sloughed. The boy was shown by Dr. Prentice at the Association of American Physicians with dropsy, albumenuria, retinitis, increased tension, stiff arteries and hypertrophied heart.

The following cases not yet been reported, will give a general idea of the severer forms of nephritis.

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R~~ECURRING PURPURA WITH ANGIO-NEUROTIC OADE~~MA
AND ~~CRISES OF ABDOMINAL PAIN~~.

Epistaxis; pains in hip & swelling of legs following a wetting; purpura; recurrence of attacks; slight fever; haematuria; much albumen, tube casts; angio-neurotic oedema; gradually recovery; persistence of albumen in large amount nine months after convalescence.

Harry C~~herry~~, (admitted to the Radcliffe Infirmary under Dr Mallam Feb.2nd.1912,) aged about 20, with negative family history, and uniformly good health, except that for the last 5 or 6 years he has had frequent epistaxis. He got a wetting on Sat. January 6th, 1912. On the 9th and two or three days subsequently he felt ~~some~~ pain in the right hip; then he noticed that his legs began to swell at night, and three or four days later ~~tound~~ red spots came out on the skin of his legs. He was able to go on with his work, though he felt stiff and sore. He slept well and had a good appetite.

I saw ~~the boy~~ him on Tuesday Feb. 6th. He then had an extensive purpuric rash on the skin of the legs - a fresh crop, he said - and there were signs of old spots. Both feet and ankles were slightly oedematous. The abdomen seemed normal. The backs of the hands were puffy and oedematous. The urine had a fair amount of albumin and a little blood, with numerous epithelial ~~tube~~ casts. He got better rapidly and sat up. ~~Then~~ In a few days he had another attack of purpura. On the 9th he complained for the first time of pain in the abdomen and vomited in the evening. He had slight fever, up to 100.5

For a week he was better and the purpura faded. Then on the 18th he had sudden swelling of the right hand, which on the following day spread up the right arm to the elbow, and the left hand was also swollen. Every day there was slight abdominal pain. The temperature on ~~the~~ Jul 18th was 101.2; still albumin in the urine and a trace of blood

65.

Severe attack of Henoch purpura with necrosis & ulceration of spots on the legs, nephritis, many slight recurrences. Admission in a severe attack, with abdominal pain & haematuria after several relapses discharged cured, but with much albumen in the urine.

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Gladys B~~room~~/ Wooton, aged four, (admitted 23, June, 1913) with pains in the legs and purpuric eruption. She was in the Lei-

under Dr Broadbent

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Purpura ... 41 Pr 41

On the 20th ~~when I saw him~~ he had swelling of the right upper eyelid. He passed a small quantity of bright red blood from the bowel. On the 21st he had haematuria; on the 22nd he looked very ill. He vomited ~~4~~ five or ~~4~~ six times during the night, had a great deal of abdominal pain, the right eyelid was much swollen, the oedema was in spots petechial. Numerous granular casts and many blood corpuscles in the urine. On the 23rd a fresh crop of purpura appeared about the elbows and kn ees, & the vomiting ~~had~~ persisted. For the next week he had at intervals paroxysms of severe abdominal pain. The vomitting was better, the swelling of the eyelids disappeared, but he had successive crops of purpurs about the wrists and ankles. Early in March he began to improve, the pains disappeared and up to the 15th he had no reappearance of the purpura. The albumin was still present on her discharge, & he had lost 15½lbs. ~~since admission~~.

Oct. 21st, 1913. He came back for examination to-day. He looks ~~generally~~ general perfectly well, has gained his normal weight, has a good colour, examination negative. Apex beat is in normal situation, arteries are not sclerotic, urine still shows ~~with head of acid~~, a large amount of albumen and in the centrifugalized specimen many tube casts, chiefly ~~with~~ hyaline ~~and~~ a few granular.

Severe attack of Henoch purpura with necrosis & ulceration of spots on the legs, nephritis, many slight recurrences. Admission in a sharp attack, with abdominal pain & haematuria after several relapses discharged cured, but still much albumen in the urine.

42

Gladys B~~room~~ Wooton, aged four, (admitted 23, June, 1913) with pains in the legs and purpuric eruption. She was in the Leicester Infirmary in the winter with a severe attack of Henoch's purpura, haematuria, albuminuria and tube casts. There were extensive haemorrhagic lesions on the legs, many of which broke down leaving ulcers which took a long time to heal. Since leaving the Infirmary she has had several attacks of ~~spots on her legs~~ purpura. On admission ~~to the Infirmary~~ she had no fever but a purpuric eruption on the legs and on the following day ~~an eruption~~ blended on the hands and arms, ~~chiefly purpuric~~, some raised and urticarial. ~~On admission the Sp. G. of the~~ Urine, Sp.G ~~was~~ 1014, moderate amount of blood, much albumen and blood, Esbach .3. On the 26th she had severe vomiting, no pain, but she brought up a little blood. During July she had recurring attacks of urticaria and purpura. Once she had bleeding from the gums and she has had several attacks of abdominal pain. The haematuria has been persistant. There was blood until the week of her discharge. The Sp. G. of the urine was about 1015, the albumen was always very abundant and there were a moderate number of hyaline and epithelial tube casts. She left the Infirmary on Oct. 1st, very much better, having gained in weight.

I saw her again on Oct. 14th. She looked well, general condition good. There was still a very large amount of albumen, curdy and thick, occupying the greater part of the testube above the acid. There were a few hyaline and epithelial tube casts, ~~but in no large numbers.~~

She was readmitted in November with another mild attack of purpura ~~The urine is very~~ There was no change in the urine.

and about the joints. The pulse was 140. He was very nauseated and looked collapsed. Dr. Gibson at once prepared fresh human blood serum, of which he had three injections. of 10cc. within almost 12 hours. Whether post hoc or propter hoc, it is difficult to say, but he improved rapidly. He had no further vomiting, and

44 Pw 44 44

for ten days steadily improved. Albumen ~~had~~ appeared in the urine, but ~~in~~ no large amounts.

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Dr. Sturrock has allowed me to make a reference to the following remarkable case at present under his care.

43

~~HENOCH'S PURPURA WITH NEPHRITIS.~~

Pw 43

On June 11th. I saw with ~~Dr. Sturrock~~ him, ~~Walter W---~~ a lad, aged ~~eight~~. A week previously he had a sudden swelling at the back of the right hand. That night had an attack of colic. A few days later there was an eruption of Purpura on the feet and legs and slightly on the arms. The temperature was 100°- 101°. For the first month colic was the troublesome symptom. The first crop of spots faded and were succeeded by others of the same description. Urine was normal.

During July he had occasional attacks of colic, and spots at intervals.

On the 2nd ~~of July~~ he had another profuse outbreak, covering the arms and legs and abdomen with several large confluent patches over the knees, arms and shoulders, and some of the spots were raised and firm. He had had some vomiting and had brought up some blood. Afterwards he had had blood and mucous in the stools This morning he had a large bloody stool with clots. In the afternoon he began to vomit, and brought up much blood and mucous.

In the absence of Dr. Sturrock I was called hurriedly about 3 o' clock, and his condition looked very serious. Purpura had extended. The spots were very thickly set on the abdomen and about the joints. The pulse was 140. He was very nauseated and looked collapsed. Dr. Gibson at once prepared fresh human blood serum, of which he had three injections. of 10cc. within almost 12 hours. Whether post hoc or propter hoc, it is difficult to say, but he improved rapidly. He had no further vomiting, and

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In the absence of Dr. Sturrock I was called hurriedly about 5 o' clock, and his condition looked very serious. Purpura had extended. The spots were very thickly set on the abdomen and about the joints. The pulse was 140. He was very nauseated and looked collapsed. Dr. Gibson at once prepared fresh human blood serum, of which he had three injections. of 10cc. within almost 12 hours. Whether post-hoc or propter-hoc, it is difficult to say, but he improved rapidly. He had no further vomiting, and

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Towards the end of July haematuria appeared. The urine at times was bloody, at others smoky. There was a large amount of albumen, and a few tube casts. During August the boy's condition was on the whole, better, but the urine remained smoky with much albumen. About the middle of the 3rd. he had ~~another~~ attack of angio-neurotic oedema, involving first one side of the forehead, then the whole face, and lasting four or five days. He continued to have at intervals crops of spots.

About the 1st. of Septrmber spots appeared on the backs of the hands, about the ankles and calves, of a different character - raised, infiltrated, haemorrhagic - from 3 to 6mm. in extent, bright red in colour, and firm to the touch. Scattered among them were seven or eight hemispherical, yellowish-brown spots, ~~resembling~~, of a molluscoid character. On the back of the right leg were two pemphigoid blebs, with narrow red areolae, one of which was 1½ cm. in diameter. Both were extraordinarily firm and solid. Scattered over the trunk were a few reddish raised papules, several of which were capped with small blebs. The urine has increased in amounts of 60, 70, 80 ounzes in the day, and almost every specimen is smoky; sometimes there is a bright red patch. I examined on the 15th. two samples, evening and morning. The amount of albumen in both was large, and thick and curdy. Sp. G. in the morning, 1,004, in the evening, 1,012. Many blood corpuscles; both samples were centrifugalized and in a large number of slides there were only a few hyaline casts

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~~3, Oct, 1913.~~ 67

~~WYLIE CASE.~~ 45

In October & November the skin lesions were better but he lost in weight

For ~~the past month, the boy has improved in his general con-~~

dition and there has been no change in the urine. Occasionally in the morning it was free from blood but as a rule it is smoky and contains much albumen but only occasionally a tube cast. On the 20th-Oct. ~~Yester-~~ day on the left arm there appeared one of those curious solid blebs about the size of a large pea, quite firm, hemispherical in shape and the skin about it not reddened but infiltrated, and solid to the touch. During December he was ~~has been~~ on the whole better, and passes from 60 to 70 ounces of urine. There has been only occasionally spots, sometimes petichiæ sometimes solid, raised, red papules about the elbows and knees. The tongue ~~is~~ cleaner. The worst feature is the recurrence, at intervals of from a week to ten days, of attacks of vomiting, with which, as a rule, the amount of urine diminishes; the temperature above 100°, sometimes 101°, and during these attacks there is an occasional tinge of blood in the urine. As a rule the specific gravity is very low, 1004, 1006, the amount of albumen very large, tube casts scanty.

-.-.-.

The anatomical lesions of this type of nephritis with purpura have not been much under studied I have not had a post-mortem on any one of my fatal cases. Through the kindness of Dr. W. T. Watson and Dr. W. A. MacCallum, I saw the kidnies of a typical cases in which the death occurred with dropsy at the end of the sixth week from the outbreak of purpura. There was no endocarditis, the spleen was greatly enlarged, the kidnies were enormous, each measuring 12 by 7 cm.; the cortices were pale, the striations distinct and the glomeruli stood out as translucient nodules like miliary tubercles; there were a few small haemorrhages. In addition to the extensive degeneration of the epithelium the tubules were filled with desquamated cells, hyaline casts and red blood corpuscles. The glomeruli showed remarkable changes. Every tuft was much compressed within by a new growth of the capsular sheath, forming a crescentic mass. Dr. McCallum tells me that this is a type described as adhesive glomerulo-nephritis, in which with great proliferation of the epithelium there is also a new growth of connective tissue within the capsules.

Clinically, there are several features of great interest in this type of nephritis. Long after all signs of cutaneous symptoms have disappeared haematuria may persist for months, following slightly, just enough perhaps to tinge the urine.

Secondly, the albumen is unusually abundant, thick and curdy. Thirdly, with large amounts of blood and albumen, tube casts may be absent and scanty. Fourthly, dropsy may not be absent, even when the nephritis has persisted for months, as in three cases at present under observation. And lastly, for months after the patient has recovered his usual health, albumen may persist in the urine in large amount.

Rennie

47 47

The diagnosis of the nephritis associated with the skin rashes of the erythema group is, as a rule, easy, only it must be borne in mind that oedema may not be present and that the nephritis may persist long after the cutaneous symptoms have disappeared. ~~But~~ It is also to be remembered that purpura is a by no means uncommon complication of chronic interstitial nephritis. I have notes on a number of cases of this type and my experience bears out that of Steven MacKenzie as to the great frequency of this complication. One is, however, sometimes deceived, as in the young chronic interstitial nephritis is consistant with excellent health and the patient may be admitted with the features of ordinary Henoch's purpura. This happened in the following case.

The combination of nephritis with ~~the diffused~~ skin rash in which the erythema predominates may lead to the diagnosis of scarlet fever. On June 25th, 1894, I saw in the examining room of the Johns Hopkins Hospital, with Dr. Hewetson, a man aged 23. Three months before he had a skin rash, said to be scarlet fever associated with arthritis, urticaria and general anasarca. These symptoms gradually disappeared and he got quite well. Three weeks ago he began again to have pains and swellings in the knees, wrists and ankles and purple blotches have occurred in crops on the skin of the legs. The patient was a healthy, well-nourished man, not anaemic, and it was hard to credit that he had had anasarca three months ago. From the groins to the ankles the skin of the legs was covered with urticaria and purpura; there were none on the feet; the urine was not albuminous. Dr Knaggs & I was inclined to agree, that the rash at the onset was of much the same character, but more extensive, a fact which was easily

48 48

ACUTE ~~ERYTHEMA AND PURPURA~~,

~~associated with streptococcus, bacilluria, bacteriuria, albuminuria, nausea and vomiting.~~

Jessie S.- aged 13, was admitted to the Radcliffe Infirmary on December 13th 1911 complaining of pain in the stomach and headache. She has had nocturnal enuresis for five years, and lately she has begun to have vomiting. She looks fairly healthy, the tongue is clean, the teeth are good, there is nothing in the throat, nothing in examination of the chest and abdomen. The urine was 1012 acid, .35% albumin with Esbach, and microscopically a few hyaline & granular casts. The patient She is deaf and complains of a little pain in the right ear. She has no fever. For the first ten days she was in a curious state, very drowsy and had vomiting at intervals; then about the 20th the vomiting became more constant five or six times a day, and the amount of albumin increased. The urine was acid sp.g.about 1010. She has had a slight attack of abdominal pain. On the 19th and 20th she had severe bleeding from the nose, on both sides, and the nostrils had to be plugged. On the 21st there was a raised papular rash on the arms, chiefly the extensor surfaces; in places diffuse erythema, in others small raised red spots. On the abdomen there was an extensive outbreak of purpura; on the anterior surfaces of the thighs ~~xxx~~ a number of larger raised haemorrhagic spots; none on the legs. The urine during the past few days has become turbid and contains numerous streptococci which have been cultivated. The patient has become very thin, is very restless at night, much disturbed by the vomiting. Albumin ranges from .2 to .35%; sp.g.1010 to 1012.

Pr 49 49

There was no fever; there were no retinal changes and there was nothing suggestive in the cardio-vascular state. On Jan. 25th there was a fresh outbreak of spots, many of them raised and abundant on the face and forehead. Over the arms the combination of erythema and mottling suggested measles. On the 26th the child had severe abdominal pain and was very drowsy; the urine contained a large amount of albumen, was a little turbid and had numerous streptococci. ~~The child began~~ She complained of pain in the right side of the face and gradually the parotid became swollen. The amount of albumen increased; the child grew rapidly worse, became very drowsy and died on Jan. 28th. Post mortem showed (to our surprise!) only a fragment of the left kidney, and the right kidney ~~was small and~~ in a state of extreme interstitial nephritis.

The left parotid was suppurating. Manifestly this was a case with uremic symptoms ~~in~~ of interstitial nephritis, shown by the vomiting and the drowsiness, in which ~~the~~ combination of ~~the~~ abdominal pains and ~~the~~ purpura ~~had deceived us~~ were misleading.

WILL 50 50

CARDIAC COMPLICATIONS.

Heart murmurs are rare and usually of little significance in debilitated or anaemic children. Endocarditis ~~is~~ may be a complication of the infectious purpuras, rheumatic or septic. In what Cheadle used to call the rheumatic cycle the skin lesions may coincide ~~with the heart complication,~~ and endocarditis as in ~~a case~~ the child already referred to ~~in which a child had~~ with outbreaks of purpura and chorea in the 3rd year and in the 5th a severe attack of urticaria during which endocarditis was discovered. It occasionally occurs in very severe cases of what is called purpura rheumatica but it must be rare. The complication was not present in the long series of cases on which Platt based his article. I saw with Dr. Musser a boy with arthritis, purpura and fever in whom under observation a loud mitral murmur occurred, which persisted after convalescence. In the septic forms of purpura associated with gonorrhea, puerpural fever, or a local skin lesion endocarditis ~~and~~ is more common and usually latent.

RESPIRATORY COMPLICATIONS

In the various forms of purpura respiratory symptoms are not common, but there have been in my series several cases with very remarkable and serious features. In No. II a boy aged 10 had for five years an extraordinary sequence of skin lesions, purpura, urticaria, oedema and erythema. In several attacks he had a bronchial wheezing; then asthma and emphysema came on, and he died in an acute attack of pneumonia with pericarditis. In No. xxvi a girl aged 24 with recurring attacks of erythema and purpura had severe pneumonia during an outbreak. Five months later she died of acute nephritis. No. xi a child died of pneumonia a month after an attack of purpura.

51

The association of asthma and urticaria is an old story. In a case of whooping-cough in an adult asthma persisted for more than 18 months, and the attacks were associated with intolerable itching between the shoulders, and very often an outbreak of urticaria in this region.

Very serious respiratory complications occur in angio-neurotic oedema. Dyspnoea may follow great swelling of the neck externally, or as in a girl from California, seen with Dr. Hale White, the swelling of the tongue and the fauces may be sufficient to obstruct breathing.

The chief danger is oedema of the glottis. Two members of the New Jersey family I have reported died from this cause, both father and daughter as reported by Griffith(1) 30 and a man aged 21 had tracheotomy performed twice and in a third attack died before assistance could be reached(2) 31 The oedema may be in the trachea, as in the extraordinary case reported by Rudolf(3) 32 A woman 63 began to have attacks of erythema and oedema affecting in the course of three years, lips, nose, ears, legs and face, usually transient. Twice the mucous membranes of the trachea became swollen causing great stridor; the second attack proved fatal.

Among other complications may be mentioned the frequency with which the spleen is enlarged; the liver too may be swollen. In one case a woman aged 50 was admitted with purpura, abdominal pain and a temperature of 104°. The pain was high in the region of the gall-bladder and was probably due to gall stones, as jaundice appeared on the following day.

PAROTITIS is not uncommon in acute infections such as malignant endocarditis and pneumonia. In such a case as that described under renal symptoms in which the purpura was a terminal event in a chronic interstitial nephritis,

30. British Medical Journal, 1902, i

31. Roger Morris, American Journal of Medical Sciences, 1905, CXXX

32. Canada Lancet, March, 1904

52 52

the accompanying parotitis was of the same nature; sepsis was present. But in the following case under the care of Dr. C. J. Wood the parotitis occurred in one of these remarkable instances of acute febrile erythema with purpura, in which the patient had half-a-dozen relapses with great severity.

J. C. aged 22, a medical student with good family history and strong and well until the present illness. On Nov. 1st. he had a chill, with headache, vomiting and the temperature rose to 105; on the second day an eruption appeared all over the body - purplish red in colour - which lasted for two days. The temperature persisted with much fever and headache; on the fifth day the right perotid gland became swollen and tender. The symptoms gradually disappeared and the perotid subsided, and at the end of ten days he was quite well. As mumps were about, it was thought possible to be an anomalous case. He went back to his studies for three days; then with chilliness and headache a second attack came on; the temperature rose to 105 and on the second day a rash appeared - raised spots, a centimetre in diameter, some looking like ordinary hives, others of a deep purple colour. With this attack there was nausea and vomiting, but no abdominal pain. At the end of three days he ~~would~~ felt quite well. He had in all six or eight of these attacks. In one there was an outbreak of ordinary purpura on the hands and feet. In the third and fourth attacks the knees, ankles and shoulders were slightly and tender; the superficial lymph glands became enlarged, but not the spleen. In one attack there was a slight conjunctival haemorrhage; the bowels were constipated, but considering the severity of the attacks the general health was not much disturbed. There was no anaemia; there was always a slight leucocytosis. The attacks gradually wore away and the young man recovered.